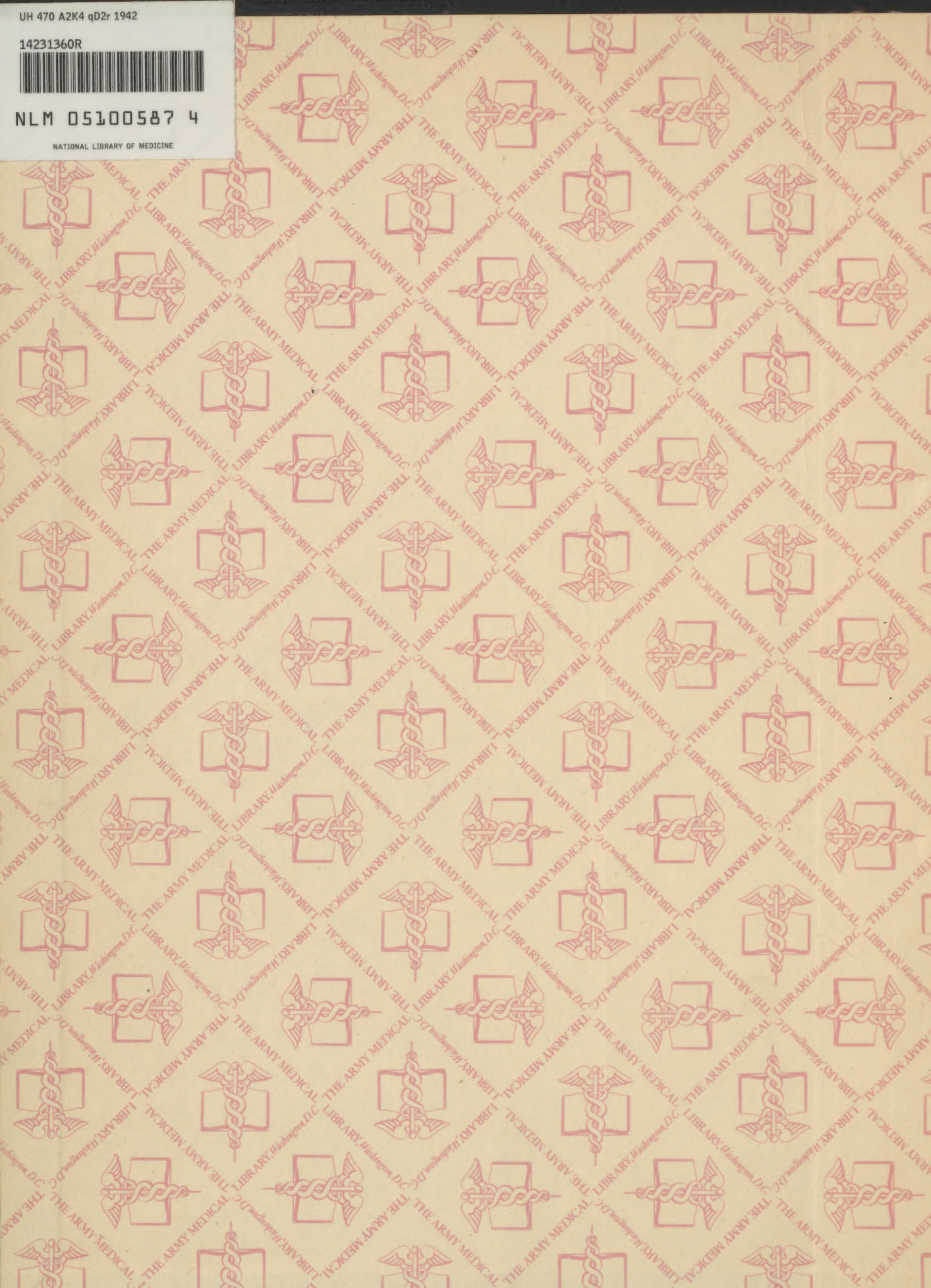


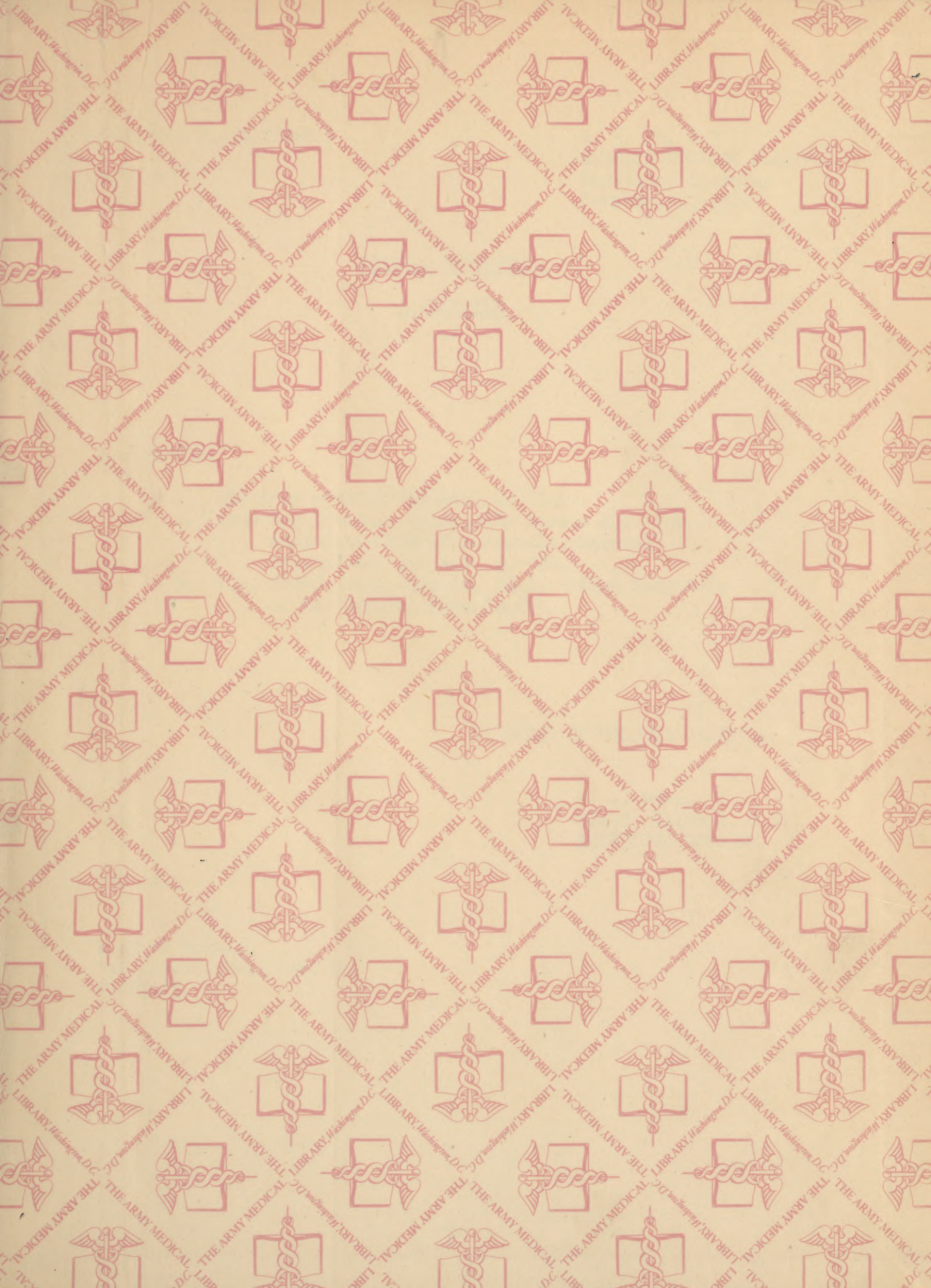
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HOSPITAL REGULATIONS)
)
NO. 5-5)

H. R. NO. 5-5
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

GENERAL PROVISIONS

REFERENCES

REFERENCES:

1. The Army Medical Bulletin No. 54.
2. Army Regulations, especially Series 40. For administration of Hospitals, General Provisions, See A.R. 40-590.
3. T.M. 8-260, W.D. July 16, 1941, "Fixed Hospitals of the Medical Department".

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

1300

U. S. NO. 2-5
DANIELL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

HOSPITAL REGISTRATIONS

NO. 2-5

GENERAL REGISTRATIONS

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U. S. NO. 2-5
DANIELL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

HOSPITAL REGISTRATIONS

U. S. NO. 2-5
DANIELL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

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HOSPITAL REGULATIONS)
NO. 5-10)

H. R. NO. 5-10
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

GENERAL PROVISIONS

1. GENERAL. These regulations are for the information and guidance of all personnel of this Hospital. All regulations and changes thereto issued from this Headquarters will be published in the form of pamphlets for file in a loose-leaf binder. Additional instructions and information pertaining to the Command will be promulgated daily in the form of the Daily Bulletin and Special Orders as occasion requires.

2. SCOPE OF REGULATIONS. Published regulations and changes will include matters pertaining to the permanent administration of this Hospital, and from date of issue will supercede any pre-existing regulations, orders, or instructions relating to the same subject. Each regulation will embrace all pertinent matters touching on the subject of the publication.

3. ARRANGEMENT OF SUBJECT MATTER: TITLES: NUMBERS. In the preparation of the pamphlets covering the "Hospital Regulations", all matter will be grouped under a "primary subject title" with a base number, and then subdivided by "specific subject title" with a sub-title number. For example: The regulations entitled "Personnel, Commissioned, Permanent Command", bears the number 20-15. In this case the number "20" is the primary subject number relating to the primary subject "Personnel", while the figure "15" is the number of the sub-title "Commissioned Permanent Command".

4. DRAFTS OF PROPOSED CHANGES IN REGULATIONS. Should officers in charge of departments desire changes made in existing regulations, new matter incorporated, or obsolete matter rescinded, they will prepare and submit to the Commanding Officer, a copy of the specific regulation to show the desired change, with a notation as to the proposed number of the regulation affected and an explanation as to why the change is proposed.

5. FILING; BINDERS. The "Hospital Regulations" will be filed and kept in a loose-leaf binder to be supplied by the Medical Supply Officer. These regulations will be kept in a neat and compact form in proper numerical sequence, readily available for use or inspection. Changes will be filed immediately preceding the regulation to which they pertain.

6. TO WHOM FURNISHED AND HOW MAINTAINED. A complete file of "Hospital Regulations" with changes, will be issued by the Adjutant to each Commissioned Officer upon reporting for duty at this Hospital, who will acknowledge receipt thereof in writing. It is the duty of each Officer to familiarize himself with the general regulations of the Hospital as soon as practicable after he reports for duty. Upon being relieved from duty at this Hospital, each officer will return all of his "Hospital Regulations" to the Adjutant. A file of the regulations, with changes, will be issued to each department of the Hospital for its official use. This "official file" will not be removed from the Department concerned. Each Officer of Department will keep its regulations posted to date.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 10-5)

H. R. NO. 10-5
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

ADMINISTRATIVE

HOSPITAL ORGANIZATION AND DUTIES OF
ADMINISTRATIVE STAFF

1. BASIS AND MAJOR DIVISIONS OF ORGANIZATION. The general organization is in conformity with the provisions of A.R. 40-590 and comprises two major divisions.

- a. Administrative
- b. Professional

(1) Administrative Division comprises:

- (a) Executive Officer
- (b) Adjutant
- (c) Administrative Officer of the Day
- (d) Registrar
- (e) Commanding Officer, Detachment of Patients
- (f) Commanding Officer, Detachment Medical Department
- (g) Quartermaster
- (h) Hospital Inspector
- (i) Fire Marshal
- (j) Medical Supply Officer
- (k) Director of Dietetics
- (l) Post Exchange Officer
- (m) Recreation Officer
- (n) Receiving and Disposition Officer
- (o) Principal Chief Nurse
- (p) Training Officer
- (q) Police Officer
- (r) Summary Court Officer
- (s) Chaplain
- (t) Supervisor of Hospital Police and Enlisted Personnel of Professional Service
- (u) Unit Personnel Officer
- (v) Provost Marshal
- (w) Utilities Officer
- (x) Finance Officer
- (y) Signal Officer

All of the above officers are responsible directly to the Commanding Officer for the proper conduct and administration of their respective offices.

(2) Professional Division comprises the following services:

- (a) Dental
- (b) Laboratory
- (c) Medical
- (d) Neuropsychiatric
- (e) Radiologic
- (f) Nursing
- (g) Roentgenological
- (h) Surgical

2. ADMINISTRATIVE DIVISION.

a. EXECUTIVE OFFICER. The Executive Officer is charged, under the direction of the Commanding Officer, with the coordination of all activities of the hospital and with the performance of such other duties as may be prescribed for him. He will act as Public Relations Officer of this command.

b. ADJUTANT. (1) General. The Adjutant will perform the duties of his office as prescribed in Army Regulations. He will have charge of the Post Office and will exercise general supervision over the efficiency of the local mail service, subject to existing Postal Regulations. He will exercise administrative supervision over the civilian employees, Medical Department, employed at this Hospital, in matters relative to their employment, assignment, pay, etc., subject to existing regulations.

(2) Supervision of the Information Office.
(See, also, H.R. 10-30.)

- (a) This office maintains: -
 - 1. Continuous 24 hour service.
 - 2. Index of Patients.
 - 3. Roster of Seriously Ill.
 - 4. Roster of Duty Personnel, Military.
 - 5. Roster of Duty Personnel, Civilian.
- (b) It may convey authentic information concerning the sick and wounded patients necessary to allay the anxiety of friends and relatives. Relatives or friends will ordinarily be referred to the ward surgeon for this information, who may impart it freely. No diagnosis will be given.

- (c) It receives, delivers and keeps necessary records of all telegrams, special delivery letters, packages, flowers, etc., for patients and duty personnel.

c. ADMINISTRATIVE OFFICER OF THE DAY. See H.R. No. 10-10.

d. REGISTRAR. (1) General. The Registrar will perform all duties outlined in A.R. 40-590 and such additional duties as may be prescribed by the Commanding Officer.

(2) He will have supervision of S & W Office and Sick and Wounded records and reports and initiate and answer correspondence pertaining to all patients. This correspondence will be prepared for the signature of the Adjutant.

(3) He will have administrative jurisdiction of death records, and disposition of remains. This includes prompt preparation of military and county and state reports concerning deceased patients.

(4) He will notify nearest relatives or friends of seriously ill patients and of their removal from seriously ill list.

(5) He will notify the proper Commanding Officer of the fact of the patient's admission, when such admission is not through the proper post authority. He will notify in writing the patient's immediate Commanding Officer through the surgeon of his station or command when a patient is returned to duty. Information required by Paragraph 7-c (3) A.R. 40-590 will be furnished.

(6) He will prepare and enter all data necessary to complete D.A.G.O. Form 258 of military patients admitted to hospital.

e. COMMANDING OFFICER, DETACHMENT OF PATIENTS. The Commanding Officer, Detachment of Patients, will exercise command over all enlisted patients, beneficiaries of the Veterans' Administration, and enrollees of the Civilian Conservation Corps, and will have charge of all administrative records, reports and correspondence pertaining thereto. He will, in addition, have jurisdiction over such other classes of patients as may be expedient, and will conduct such reports, correspondence, etc., in their cases as may be appropriate and desirable for administrative convenience. He will have charge of the Patient's Baggage Room and is the Custodian of Patients' Funds and Valuables. He will be bonded by a national bonding company in amount of \$5,000.00. His correspondence will be prepared for the signature of the Adjutant. See H.R. 15-30.

f. COMMANDING OFFICER, DETACHMENT MEDICAL DEPARTMENT.

The Commanding Officer, Detachment Medical Department, will exercise immediate command over all enlisted personnel of the Medical Department on duty at this Hospital, and supply such details, temporary or permanent, to the different wards and departments of the Hospital as may be required. He will be responsible for the discipline, instruction, training, equipment and uniform, quartering, and proper keeping of the necessary records of all members of his detachment.

g. QUARTERMASTER. The Quartermaster will perform the duties prescribed in Army Regulations. In addition to the duties incident to that position as Quartermaster, he acts as Commanding Officer, Detachment Quartermaster Corps, and is responsible to the Commanding Officer for the proper administration of that detachment. He will exercise supervision over all civilian employees, Quartermaster Corps, at this station. He will act as Sales Officer for the Post Commissary and will perform the duties of the Post Salvage Officer as prescribed by pertinent Army Regulations. In general, his duties embrace the following activities:

- (1) Commissary.
- (2) Bakery.
- (3) Garment Cleaning.
- (4) Personal clothing and equipage repair and reclamation.
- (5) Supply Functions.
 - (a) Heavy Furniture.
 - (b) Wall Lockers.
 - (c) Refrigerators.
 - (d) Bakery.
 - (e) Warehouse Equipment.

h. HOSPITAL INSPECTOR. (1) The Hospital Inspector will act as Medical Inspector of the Hospital (A.R. 40-270), and will make such routine and special inspections and investigations as may be prescribed by the Commanding Officer.

(2) He will audit all public funds with the exception of the Hospital Fund and Post Exchange Fund at least once each month, reporting the fact of audit and any existing irregularities to the Commanding Officer.

(3) He will make a monthly check of all alcoholics, narcotics, and habit forming drugs in the Pharmacy and in the hands of the Medical Supply Officer, reporting the fact of inspection and existing irregularities to the Commanding Officer. (Note: Fluid extract of Cannabis Indica is now required to be checked and safeguarded as a narcotic.)

H. R. NO. 10-5 (Cont'd.)

(4) He will inspect and check, at irregular intervals, the narcotic books in all wards, noting facts and dates of inspection immediately after the last entries in the books. One such inspection will be made once a month in each ward.

(5) He will prepare the monthly sanitary reports required by A.R. 40-275.

i. FIRE MARSHAL. The Fire Marshal is responsible to the Commanding Officer for all matters in connection with the provisions of the Fire Regulations at this Hospital. He will make frequent inspection of the fire equipment and apparatus, and take the necessary action to maintain it in a proper condition at all times. He will conduct the fire drills at frequent intervals and will be responsible for the proper instruction of all members of the command in the operation of the fire equipment and apparatus and for the thorough understanding of their respective duties in the event of a fire at the Hospital. For more detailed instructions, refer to H.R. No. 10-15.

j. MEDICAL SUPPLY OFFICER. The Medical Supply Officer is charged with the procurement, storage, and issue of all medical supplies at this Hospital and is accountable for all medical property, except where other accountability is specifically designated by proper authority. He will submit the required requisitions, etc., and maintain the necessary property and other records pertaining to his office which may be required by existing regulations, A.R. 40-1705. He will establish a linen exchange, execute a contract for the proper processing of all soiled linen and necessary uniforms with a commercial laundry. See H.R. No. 10-35.

k. DIRECTOR OF DIETETICS. The Director of Dietetics will have charge of and be responsible for the administration of all that pertains to the Hospital Messes. He is Custodian of the Hospital Fund, and, as such, is responsible that it is expended in accordance with existing regulations. He may delegate direct supervision of the Nurses' Mess to the Principal Chief Nurse, who is responsible for the activities pertaining to it. See Paragraph 16, A.R. 40-590 and H.R. No. 10-40.

l. POST EXCHANGE OFFICER. The Post Exchange Officer is responsible for the general management, funds, and proper operation of the Post Exchange and its several activities at this Hospital, in conformity with A.R. 210-65. See H.R. 10-55.

m. RECREATION OFFICER. The Recreation Officer has charge of all army recreational activities of this Hospital, and Recreation Fund. He will act as athletic officer of this Command. The Recreation Fund will be subject to audit as are other funds.

n. RECEIVING AND DISPOSITION OFFICER. The Receiving and Disposition Officer will be responsible for the admission and departure of patients to and from the Hospital, and will regulate the ambulance service. During his absence from office, his duties will be assumed by the Professional Officer of the Day. He will adhere to the Regulations of Ambulance Service promulgated by the Commanding Officer, will prepare and render the prescribed reports and forms pertaining to his office. He will observe strictly the regulations governing funds, money and valuables of patients upon their admission to Hospital. He will render the necessary care and medical treatment to patients from the time of their arrival in the Receiving and Disposition Office until the Professional Officer of the Day or the Ward Officer has assumed charge of the case. He will observe care in admitting only those patients to the Hospital who are entitled to treatment under Army Regulations, or who are authorized by the Secretary of War. Only in extreme emergencies will persons not entitled to treatment be admitted. In special cases he will see that a sufficient deposit of funds is made to cover hospital charges. (See A.R. 40-590, Paragraph 6; H.R. No. 10-45 and H.R. No. 10-50.)

o. PRINCIPAL CHIEF NURSE. The Principal Chief Nurse has supervision over all members of the Army Nurse Corps and civilian nurses, and will arrange for their hours of duty, their assignment, and will be responsible for their discipline both on and off duty. She will bring to the attention of the Commanding Officer any serious breach of discipline on the part of a nurse or other occupant of the Nurse's Quarters. She, also, has charge of the assignment, performance of duty and conduct of female help employed for housekeeping purposes. She will operate the Nurse's Mess, when so directed by the Chief of Dietetics and will be responsible for the requisition, preservation and disposition of equipment and public property for the Nurse's Quarters; sanitation and police of the Nurse's Quarters; preparation and disposition of the records of her department, as well as the comfort and well-being of the nurses. She will, also, perform such other duties as are prescribed or assigned by pertinent Army Regulations and the Commanding Officer.

p. TRAINING OFFICER. This officer will be responsible for the following duties:

- (1) Supervision of the professional training of officers.
- (2) Making necessary arrangements with the Commanding Officer of the Medical Department for basic and technical instruction of enlisted duty detachments. Reference W.D., publications and instructions, under Paragraph 14, T.M. 8-260.

g. POLICE OFFICER. The Police Officer is responsible for the police of the grounds, walks and roads, not specifically assigned to a department, and for watering and cutting the grass.

r. SUMMARY COURT OFFICER. The duties of the Summary Court Officer of this Command will be as outlined in Manual for Courts-Martial, 1928, and such Army Regulations as may be applicable.

s. CHAPLAIN. The Chaplain will perform the duties of his Corps as prescribed in Army Regulations.

t. SUPERVISOR OF HOSPITAL POLICE AND ENLISTED PERSONNEL OF PROFESSIONAL SERVICE. The Supervisor of Hospital Police and Enlisted Personnel of Professional Service will maintain supervision over the police and sanitation of the hospital in general and, in that capacity, has administrative control and supervision over enlisted personnel assigned to duty with the Professional Service. He is the custodian of certain special equipment for general use in the Hospital.

u. UNIT PERSONNEL OFFICER. The Unit Personnel Officer is responsible for the preparation of reports, returns, rosters, pay-rolls, vouchers and such other administrative matters pertaining to military personnel as prescribed in War Department Instructions.

v. PROVOST MARSHAL. The Provost Marshal is charged with the duty of maintaining law and good order on the hospital reservation. He is in charge of the guard and military police and is responsible for their instruction, appearance, and efficiency.

w. UTILITIES OFFICER. The Utilities Officer is responsible to the Commanding Officer for the procurement, storage, issue of, and accounting for all supplies and equipment necessary for the proper maintenance and operation of the Hospital, other than that procured, stored, issued and accounted for by the Medical Supply Officer, or Post Quartermaster. He is responsible for the maintenance and operations of buildings, roads, walks, grounds, lighting, heating, water, sewer and sewage disposal. He is also responsible for the proper preparation and rendition of the necessary reports incidental to his office. He shall maintain such historical records, drawings, files, and other technical data as are required for the proper functioning of the utilities work. He will be guided by regulations, circulars, etc., pertaining to his department and will keep the Commanding Officer informed of his department's activities. He is responsible for expenditure of C. & R. of H. funds allotted to him. In general, his duties include:

Water Supply.

Gas Supply (not technical gas for use by Medical Department).

Electric Supply.

Heating.

Refrigerator Supply.
Waste Disposal.
Fire Protection.
Maintenance and Repair.
Rentals.
Insect Control.
Defense Housing.
Hospital Utility Shops.

x. FINANCE OFFICER. This Officer will perform the special duties required by regulations. He will act as the Commanding Officer, Detachment Enlisted Men, Finance Department, on duty at this Hospital.

y. POST SIGNAL OFFICER. The Utilities Officer at this Hospital will be the Post Signal Officer. (See, also, H.R. No. 10-90.)

3. PROFESSIONAL DIVISION. The duties and responsibilities of the component parts of the Professional Division are as outlined elsewhere in these regulations.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 10-10)

H. R. NO. 10-10
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

ADMINISTRATIVE

ADMINISTRATIVE OFFICER
OF THE DAY

1. DETAIL. An officer, in addition to his other duties will be detailed as Administrative Officer of the Day. A roster for this purpose will be kept by the Adjutant. Officers subject to detail will be formally notified twenty-four hours in advance. At the beginning of the tour, the New and the Old Administrative Officers of the Day will report to the Commanding Officer or his representative. The interchange of tours of duty as Administrative Officer of the Day, wholly or in part, is prohibited, except upon direct authority of the Commanding Officer.

2. TOUR OF DUTY. The tour of duty for the Administrative Officer of the Day will begin at 9:00 A.M. and continue for twenty-four hours. During this period the Administrative Officer of the Day will remain within the limits of the hospital reservation. He will keep the Information Office informed of his whereabouts at all times during his tour of duty. He will sleep in the room provided for him. During his tour of duty the Administrative Officer of the Day will wear the prescribed brassard on the left arm above the elbow.

3. OFFICE. The office of the Administrative Officer of the Day will be in the Receiving and Disposition Office. The enlisted personnel assigned for duty in the Receiving and Disposition Office will function under the Administrative Officer of the Day in the absence of the Receiving and Disposition Officer. A file of Hospital Regulations and such General, Special and Memorandum Orders of this Hospital as pertain to the duties of the Administrative Officer of the Day will be maintained in this office.

4. GENERAL DUTIES. During periods of the day after prescribed duty hours, the Administrative Officer of the Day will be in charge of the administration of the hospital and will be responsible for its safety and good conduct. The duties of the Administrative Officer of the Day are of wide range, important in character. Each officer assigned as Administrative Officer of the Day will familiarize himself with his duties as prescribed in orders and regulations and

will be responsible for their proper execution. He will be alert to prevent fire, theft, waste, misconduct or neglect. He will correct immediately any breach of orders or regulations noted by him. In the absence of the Receiving and Disposition Officer he will bring to the attention of the Professional Officer of the Day, all persons applying for treatment or admission to hospital and cases of serious illness or injury which may come to his attention while discharging his administrative duties. He will respond promptly to any call made upon him within the post. During the absence of the Fire Marshal, he will act as Fire Marshal. In case of fire or alarm of any kind he will assist the Fire Marshal in steps to insure the safety of life and public property and to preserve order. (Reference Fire Regulations, H. R. 10-15). During the absence of the Registrar, he will initiate and make such immediate reports as are required in cases of serious illness and death. In the absence of the Provost Marshal, he is in charge of the guard.

5. INSPECTION OF HOSPITAL. The Administrative Officer of the Day will inspect the entire hospital, except occupied wards, at least twice during his tour of duty -- once between 6:00 P.M. and 10:00 P.M. and once between midnight and reveille. At the first inspection between 6:00 P.M. and 10:00 P.M., he will check all prisoners in the Guard House and Hospital and see that all are properly accounted for. On each inspection he will visit all parts of the hospital area and will devote special attention to the garage, warehouses, power plant, cold storage plant, barracks of the Detachment Medical Department and Quartermaster Corps. During his inspections he will note the condition of the hospital in regard to police and sanitation and will correct any violation of Hospital Regulations noted.

6. ESCAPED PRISONERS OR INSANE PATIENTS. In the event of escape of a prisoner or mental patient, the Administrative Officer of the Day will promptly and thoroughly investigate the circumstances and make every effort to apprehend the prisoner or patient, including notification of the Chiefs of Police and Sheriffs of Boyle and Mercer Counties. He will make a full report of the occurrence on the Officer of the Day's Report. (Note: In making these reports to the Sheriffs of Boyle and Mercer Counties, he will request them not to broadcast the fact of escape by radio, unless special circumstances justify doing so).

7. MESS INSPECTION. The Administrative Officer of the Day will eat his meals at the hospital. At least one of these meals will be eaten in the Enlisted Men's Mess and one meal in the Patient's Mess, unless some emergency prevents. He will inspect the night lunch provided for the night duty personnel and will report on the quantity, quality, and variations from the menu on each mess inspection. In the event cases suggesting food poisoning occur on any mess, he will investigate and take immediate steps to secure samples of all food which had been served. He will authorize, when necessary, the feeding of patients who

have been admitted soon after a meal has been served. He will authorize, when necessary, meals for enlisted duty personnel who have been prevented by official duties from eating during the prescribed meal hours.

8. CONFINEMENT OF PERSONS. The Administrative Officer of the Day will, when in his judgment it is necessary, confine in the Guard House for safe-keeping until proper action can be taken, any person who may be present on the post. In case of civilians who are not patients, he will first communicate with the nearest police station and endeavor to turn them over to the civil authorities. Enlisted men, not members of this command, requiring confinement but not hospitalization, will be confined in the Guard House. In all cases he will note the attendant circumstances on his report and will enter on his report the pertinent data and list of witnesses necessary to make proper disposition of the case.

9. SERIOUS ILLNESS. In all cases of serious illness, brought to his attention during the absence of the Registrar, he will notify the nearest relative or friend of the condition of the patient.

10. DEATH. In all cases of death, during the absence of the Registrar, he will initiate and make the certificates and reports required by AR 600-550 and H. R. 15-20.

11. MOTOR VEHICLES. The Administrative Officer of the Day will, personally, check all government owned vehicles between 6:00 P.M. and midnight and report the presence or absence of same on the list provided by the Quartermaster for that purpose.

12. HOSPITAL GUARD. In the absence of the Provost Marshal, the Administrative Officer of the Day is in charge of the Hospital Guard, both military and civilian, and he will see that all members are correctly instructed in their duties and that they properly perform them. He will see that the special orders for each post and for members of the guard are posted in the Guard Office and that the members understand them. Should a member of the Hospital Guard be taken sick or for any reason leave his post or fail to report for duty, the Administrative Officer of the Day will immediately detail a supernumerary from the civilian roster, or from the roster of the enlisted men, prepared by the Commanding Officer, Detachment Medical Department, which will be posted daily in the Officer of the Day's Office. He will inspect the guard at least twice during his tour of duty -- once between 6:00 P.M. and 10:00 P.M. and once between midnight and reveille. He will note at each inspection the appearance of the guard, their knowledge of orders, and the condition of their arms and ammunition. He may, when necessary, detail additional temporary guards.

13. DUTY DETACHMENTS. During the absence of the Detachment Commanders and their assistants, the Administrative Officer of the Day is in charge of the detachments and will take whatever

steps he considers necessary to insure efficiency, good conduct and discipline of the detachments. When an enlisted man on duty in the Professional Service is absent from duty or circumstances require that he be relieved from duty, he will be replaced, if necessary, by the Administrative Officer of the Day from a roster of men available for this duty. This roster is furnished daily by the Commanding Officer, Detachment Medical Department, and posted in the Office of the Day's Office.

14. FIRE MARSHAL. The Administrative Officer of the Day is an Assistant to the Fire Marshal and, during the latter's absence, will act in his stead. He will respond to all fire calls and will familiarize himself with fire fighting equipment. He will report any fire which occurs during his tour of duty. He will, if possible, correct at once any conditions which are fire hazards.

15. VISITORS AND VISITING HOURS. In the absence of the Provost Marshal, the Administrative Officer of the Day will see that the regulations pertaining to visitors and visiting hours at this hospital are strictly observed.

16. PROFESSIONAL OFFICER OF THE DAY. In case of emergency and when the Administrative Officer of the Day is already occupied or in need of assistance, the Professional Officer of the Day will be notified and will take such action to assist the Administrative Officer of the Day as may be necessary.

17. ALTERNATE ADMINISTRATIVE OFFICER OF THE DAY. An officer will be detailed as Alternate Administrative Officer of the Day. The officer so detailed will, ordinarily, be the officer detailed as Administrative Officer of the Day for the day following. He will keep himself available for duty as Administrative Officer of the Day in emergency.

18. ASSISTANT TO THE ADMINISTRATIVE OFFICER OF THE DAY. From time to time an officer will be detailed as Assistant to the Administrative Officer of the Day. When an officer is so detailed, he will report at 9:00 A.M. to the Administrative Officer of the Day who will fully instruct him in all duties pertaining to his office. The Assistant to the Administrative Officer of the Day will sleep in a room provided for him and his tour of duty will be for a period of twenty-four hours. He will take his meals in messes as prescribed for the Administrative Officer of the Day.

19. REPORT. The report of the Administrative Officer of the Day will be rendered on Form No. 37, D.G.H. As this report will be filed as a part of the permanent records of this hospital, all concerned are directed to assure themselves that the data entered thereon are both complete and accurate. The report will be prepared under the direction of the Administrative Officer of the Day by the personnel on

H. R. NO. 10-10 (Cont'd.)

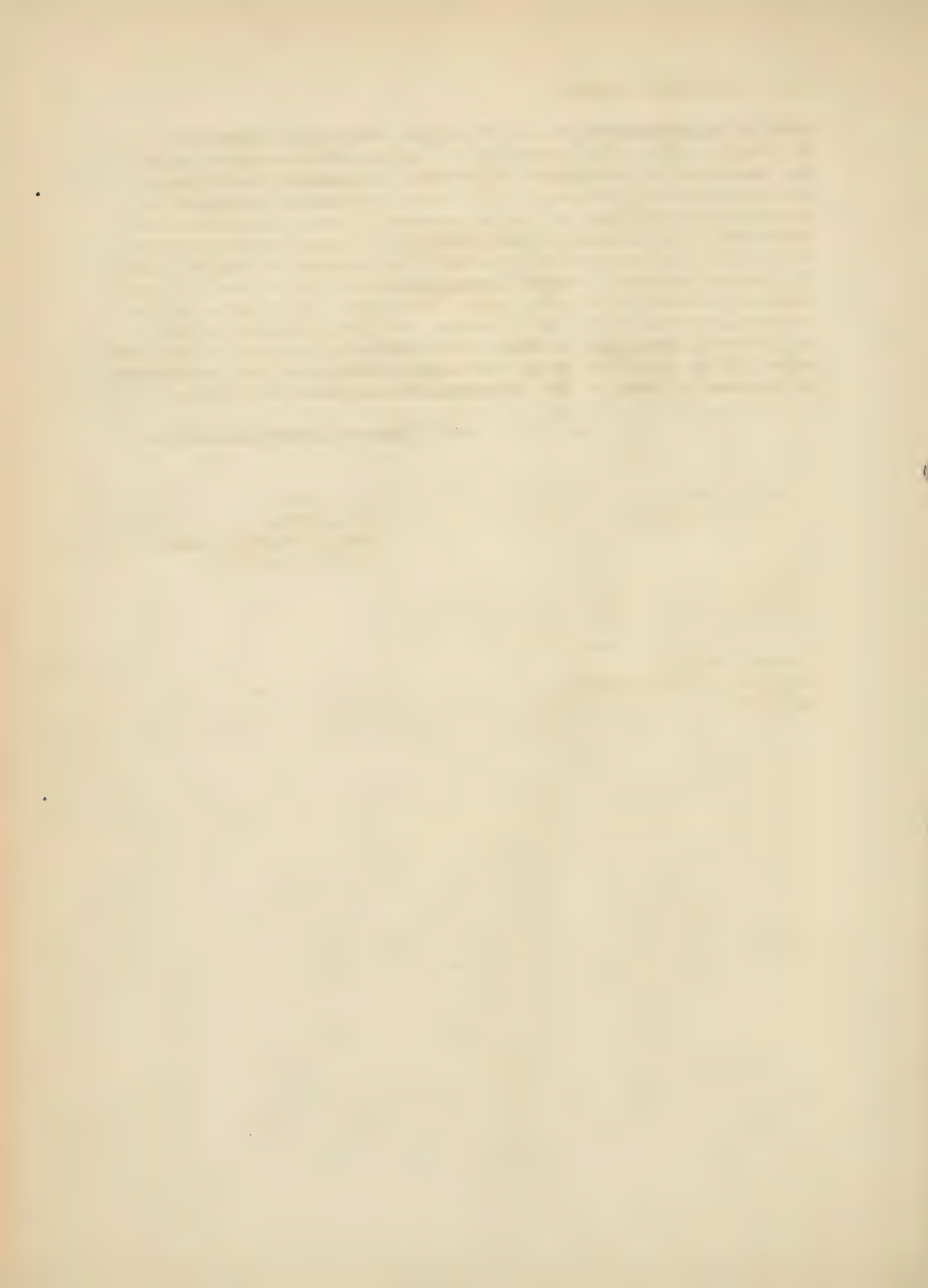
duty in the Officer of the Day's Office and will be typewritten in triplicate. The date entered in all spaces of the report, with the exception of admissions, departures and changes in status of patients and duty personnel, will cover the entire period of the Administrative Officer of the Day's tour of duty. Admissions and departures, and changes in the status of patients and duty personnel will be recorded from midnight to midnight to conform with the morning reports. Unusual occurrences and violations of Hospital Regulations will be recorded under "Remarks". These data will be complete, and the names of offenders and witnesses, and report of the circumstances will be fully and accurately recorded. This report will be submitted to the Commanding Officer at the expiration of the tour of duty of the Administrative Officer of the Day.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.



H. R. NO. 10-15
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

FIRE REGULATIONS

First Floor - Lobby
Second Floor - Lobby
Third Floor - Lobby
Fourth Floor - Lobby

(b) Outside phones on poles:

- (1) Near road intersection south of Medical Storhouse.
- (2) At west end of Parking area, east of Patients' Recreation Building.
- (3) Near road intersection, southwest of Officers' Quarters.
- (4) On road near junction of walk between Post Exchange and Barracks No. 11.
- (5) Southeast of Quartermaster Storhouse.
- (6) East of Garage on road to Central Heating Plant.
- (7) On east wall of Central Heating Plant.
- (8) Road junction, northwest of Main Hospital Building.
- (9) On road east of Office Building.

(c) Outside Hospital Grounds.

- (1) Fire Department, Danville, Kentucky.

3. FIRE ZONES. The hospital area is divided into the following zones for the purpose of informing personnel of the general location of the fire by blasts of the whistle as indicated.

ZONE I (One long blast and one short blast)

Main Hospital Building.

ZONE II (One long blast and two short blasts)

Patients' Mess
Patients' Recreation Building
Cold Storage Building
Fire and Guard House
Infirmary
Medical Warehouse

ZONE III (One long blast and three short blasts)

Nurses' Quarters
Officers' Quarters
Nurses' Recreation Building
Post Exchange
Enlisted Mens' Mess
Enlisted Mens' Recreation Building
Enlisted Mens' Barracks - Building No. 11
Enlisted Mens' Barracks - Building No. 12
Enlisted Mens' Barracks - Building No. 13

ZONE IV (One long blast and four short blasts)

Quartermaster Warehouse
Garage
Utility Shop Building
Motor Repair Shop
Central Heating Plant

ZONE V (One long blast and five short blasts)

Office Building (near the standing water tank)

ZONE VI (One long blast and six short blasts)

Gate House

4. ORGANIZATION.

- a. Fire Marshal - Officer designated in Orders.
- b. Assistant Fire Marshal - The Administrative Officer of the Day.
- c. Fire Chief and Fire Fighters.
- d. Fire protection section, Enlisted Men, Medical Department and Quartermaster Corps.
 - (1) Fire Fighting Section - N.C.O. and eight men.
 - (2) Police Section - One N.C.O. and four men.
 - (3) Evacuation and Salvage Section - One N.C.O. and eight men.

5. PROCEDURE WHEN FIRE IS DISCOVERED.

- a. By person discovering fire:
 - (1) Notify personnel nearby of fire and its location. (If fire occurs in places other than wards for patients, shout "Fire".)

- (2) Run to the nearest telephone and give the telephone operator the location of the fire.

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Run to the nearest fire reporting telephone and give the Fire Department the location of the fire. (In either case have person who receives the message repeat it.)

- (3) Run to the roadway in front of the main entrance to the building where fire is located and when Fire Department arrives direct it to the exact location of fire.

b. By other personnel at fire:

- (1) Attempt, until arrival of Fire Department, to extinguish fire by use of hand fire extinguishers or other means at hand.

c. By Fire Department:

- (1) The Fire Department, except one man left on duty at the fire house, will report at once to the scene of the fire.
- (2) The member of the Fire Department who remains at the Fire House will notify the telephone operator the location of the fire in the event he received the message over a fire reporting telephone.
- (3) He will remain at the fire house telephone to receive incoming messages.

d. By the Switchboard Operator:

- (1) Notify the Fire Department if information of the fire was not received from the Fire Department.
- (2) Notify the Central Heating Plant of location of fire.
- (3) If the fire occurs after regular working hours, notify by telephone in the following order:

The Fire Marshal
The Commanding Officer
Mr. Donohue, Head Operating Engineer
The Chief of Neuropsychiatric Service
The Executive Officer
The Adjutant
All other officers in rotation.

e. By personnel at Central Heating Plant:

Verify the Zone for the building and sound one series of blasts as indicated for the Zone in paragraph 3. Check the water level in the standing water tank and if not "full" start motors and keep them in operation so that the tank will remain at a near full level. Should the tank reach a dangerous low level send a message to that effect to the Fire Marshal at the scene of the fire. If directed, sound a second alarm by repeating the first alarm. Sound recall by blowing one long blast when directed.

f. By Fire Marshal or Assistant Fire Marshal
(Administrative Officer of the Day):

- (1) Repair to the fire. The Fire Marshal will assume charge. In his absence the Assistant Fire Marshal (the Administrative Officer of the Day).
- (2) Should the Fire Marshal determine that additional measures for control are needed, he will direct any or all of the following as circumstances indicate:
 - (a) That original fire alarm be repeated.
 - (b) That Fire Department, Danville, Kentucky, be called for help.
 - (c) That measures be taken to evacuate patients and remove property from buildings in danger.
- (3) He will make a written report of all fires to the Commanding Officer.

g. By Fire Protection Sections, Enlisted Men:

- (1) The Fire Fighting and Police sections will repair to the scene of the fire at once and

report to their respective N.C.O.'s. The N.C.O. in charge of each section will report the arrival of his section to the Fire Marshal or the Officer in charge in the absence of the Fire Marshal.

- (2) If directed, the Fire Fighting Section will assist in fighting the fire with fire extinguishers, hose and other equipment.
- (3) The Police Section under the Provost Marshal, or in his absence the senior N.C.O. in charge of this section, will dispose his section for the control of traffic, prevent the running over of fire hose by vehicles, establish safety lines, prevent disorder, and perform such other duties as may be necessary in compliance with directions of the Fire Marshal.
- (4) The Evacuation and Salvage Section will repair to the Fire House, obtain one litter for each two men of the section and will then report to the N.C.O. at the fire in charge of this section. The N.C.O. in charge of this section will then report its arrival to the Fire Marshal. (Note: In removing bed patients to a place of safety, the patient should be lifted from the bed by the mattress and placed with the mattress on the litter.)

h. By Civilian Guard:

- (1) The Principal Guard and Senior Guard will report to the Fire Marshal at the scene of the fire.
- (2) Other members of the Civilian Guard will continue at their posts of duty. As such they will assist by directing traffic and preventing traffic congestion. Unauthorized persons will not be permitted to repair to the fire. Automobiles will not be permitted to park on roads or obstruct roads. The guard at the Gate House will refuse entry of all persons afoot or in vehicles from entering the post for the purpose of "sight-seeing" at the fire.

i. By Motor Pool:

Dispatch one ambulance to the scene of the fire and then stand by for further instructions.

j. By Other Personnel:

- (1) On the first alarm of fire all enlisted personnel on duty other than those indicated in the foregoing paragraphs will repair to their place of duty and remain there until recall.

(Exceptions - No interruption to the messing of patients will be made. Attendants in charge of patients absent from their wards at clinics, doctors offices, occupational shops, etc., will remain at such places until released by clinic, doctor, etc.)

- (2) All officers of the Administrative Division will report to the scene of the fire except the following:

Adjutant
Mess Officer
Post Exchange Officer
Registrar
Commanding Officer, Detachment Patients
Receiving and Disposition Officer
Principal Chief Nurse

- (3) All officers of the Professional Division will report to their proper place of duty and remain until recall. (Note: Where an officer has duties in both the Professional Division and the Administrative Division he will report to his place of duty as directed for officers of the Professional Division. (Exception - Administrative Officer of the Day who will report to the scene of the fire.)
- (4) On a second alarm of fire all enlisted men not on duty assigned to transportation units will report to the office of the Motor Pool.
- (5) All other enlisted men not on duty will report to the scene of the fire, except the N.C.O. in charge of Enlisted Mens' Barracks and one room orderly in each barracks who will remain in barracks.

6. FIRE DRILL. Fire Drill will be held at least once each month. The Fire Marshal will inspect all hospital buildings twice monthly, and any fire hazards discovered will be corrected at once or

reported to the Commanding Officer. Each inspection will be submitted on a written report.

7. GENERAL FIRE PREVENTION SAFEGUARDS. In order to reduce the hazard from fire, the following instructions are published for the guidance of this Command:

- a. Personnel when first arriving for duty in various sections of the hospital will be shown the location of the fire apparatus.
- b. Fire ladders on the outside of buildings will not be removed therefrom except in case of fire or fire drill.
- c. Alteration or extension of electric wiring is prohibited except by the electrician. All defective sockets, outlets, or wiring will be promptly reported to the Utilities Officer.
- d. The use of paper shades on electric light bulbs and the hanging of articles on electric wiring is prohibited. Electric light bulbs connected to wiring will not be allowed to rest against other objects.
- e. When flexible cords show wear to the extent that insulation is impaired, they will be replaced. Do not run cords under doors, under rugs, or where they are subject to injury.
- f. Covers of fuse boxes on all buildings will be kept tightly closed in order to prevent short circuits. Fuses will not be changed by other than the electrician.
- g. Interior and exterior wiring systems will be inspected semi-annually or oftener by the Utilities Officer and a report made to the Commanding Officer.
- h. Burned out fuses will be replaced by proper fuses. The use of coins, nails or other metal articles as a substitute for fuses is prohibited.
- i. Gasoline, oils, and paint will not be stored in barracks, garage, or other buildings except in those specifically designated.
- j. Smoking is prohibited in all storage areas of warehouses and storage buildings and garages as well as sheds containing gasoline, oils, and paints. (Note: Office rooms of Medical Supply Warehouse and Quartermaster Warehouse are not considered a part of the

storage space of these warehouses. Smoking may be permitted in these offices provided they are equipped with fire extinguishers and sand buckets. Ash trays will be used for cigarettes. All trash in trash cans will be dumped in suitable receptacles outside the building, at the closing hour of each day. Violation of these rules will result in revocation of this privilege.)

- k. The use of fireworks on this Reservation is prohibited.
- l. Open fires will not be made on the Reservation without prior arrangement with the Fire Marshal or his authorized representative. Under no circumstances will open fires be left unguarded.
- m. Lighted matches, cigars, cigarettes, and heels of pipes will be placed in proper receptacles. The throwing of lighted matches, lighted cigarettes or lighted cigars in trash cans is prohibited.
- n. Rubbish will not be allowed to accumulate in or around buildings. Special attention will be given to oily rags to prevent their accumulation as fire hazards. Oil rags will be kept in covered cans outside of buildings.
- o. Trucks, automobiles and motorcycles, or vehicles of any other description, will not be parked closer than fifteen feet to any fire hydrant; nor will they be parked on any roads in building areas, except when necessary for loading and unloading and making deliveries. When so parked ample space must be left for clear passage of fire truck and other vehicles.
- p. Occupants of buildings and personnel performing duty therein will familiarize themselves with the location and method of operating fire extinguishers and other fire fighting equipment in their buildings. The directions for operation are stamped on all fire extinguishers. In the event a fire extinguisher has been used, the Fire Marshal or his Assistant will be notified immediately. Fire extinguishers, when not in use, will be kept on hooks, or in cabinets provided for that purpose.

H. R. NO. 10-15 (Cont'd.)

- q. The Commanding Officer of each detachment assisted by the Fire Marshal will instruct all personnel in Fire Regulations, and means of preventing fires.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

Office of Maj Lane

HOSPITAL REGULATIONS)
NO. 10-20)

HOSPITAL GUARD

1. GENERAL.

a. Organization. The guard is under the immediate supervision of the Provost Marshal at this Hospital. The guard is divided into two sections as follows:

- (1) The Military Guard.
(2) The Civilian Guard.

The watchman system of guards as outlined in Paragraph 60, Training Regulation, 35-15 - Interior Guard Duty - is prescribed for this Hospital. The Civilian section of the guard will be organized into three reliefs to cover the twenty-four hour period. The first relief will be on duty from 7:00 AM to 3:00 PM second, from 3:00 PM to 11:00 PM, and the third from 11:00 PM to 7:00 AM. Each relief of the military guard will consist of sufficient enlisted personnel of the Detachment Medical Department to cover military duties at the Guard House.

b. Control. Both sections of the guard will be under the direction of the Provost Marshal. The military guard will be under the immediate charge of the Sergeant of the Guard. During the absence of the Provost Marshal, the Administrative officer of the Day will function in his place. The civilian guard will be under the immediate charge of the Principal Guard, or in his absence, under the immediate charge of an Assistant or Senior Guard.

2. ARMS.

Civilian and military members of the guard will be armed with either pistol or shotgun and properly instructed in the use of same. The Provost Marshal will personally inspect all firearms at frequent intervals to determine that such are kept in satisfactory condition.

3. SUPERVISION.

a. The Provost Marshal is in charge of the guard. He will see that all members are correctly instructed in their duties, and that they understand and properly perform them.

b. Orders. He will see that the special orders for each post and members of the guard are posted in the guard office and the members of the guard are instructed in them.

c. Temporary Guards. When necessary the Provost Marshal will supplement the permanent guard by the detail of temporary guards. Should a member of the guard be taken sick or for any reason leave his post or fail to report for duty, the Provost Marshal will detail a supernumerary from the roster prepared by the Commanding Officer, Detachment Medical Department, or from the roster of civilian guards. These rosters will be posted daily in the Provost Marshal's office.

d. Inspection of Guard. The Provost Marshal will inspect the guard at least once between the hours of 8:30 AM and 4:30 PM, and at such other times as may be necessary to assure himself of the proper functioning of the guard.

e. Reports. A Guard Report will be prepared daily on Form 10, A.G.O., and transmitted to the Commanding Officer.

4. DUTIES OF THE SERGEANT OF THE GUARD AND PRINCIPAL (CIVILIAN) GUARD. So far as is applicable to their sections, the Sergeant of the Guard and the Principal Guard (Civilian) are responsible for the following:

a. To instruct the watchmen of the guard as regards the general safety and discipline of the Command.

b. To receive and obey orders of the Commanding Officer or his representative, the Provost Marshal, and the Administrative Officer of the Day. All orders not given directly to the Guard by the Provost Marshal shall be reported to him for his information.

c. To preserve order at all times. Persons found violating any hospital or other order, or whose conduct may, in any way, be found objectionable will be warned to discontinue their misconduct, and in serious breaches will be arrested and conducted to the Office of the Principal Guard at the Guard House by members of either the Civilian or Military Guard. Should persons resist being placed under arrest or being taken to the Guard House, the Guard will use such force as may be necessary, but no more than necessary, to cause submission. Members of the Guard are authorized to call upon personnel of the Command who may be near for such additional assistance as may be necessary to take offenders into custody, and members of the Command so called upon are directed to give necessary assistance. All persons arrested and taken to the Guard House will be held until acted upon by the Commanding Officer, or his representative, Provost Marshal, or Administrative Officer of the Day.

d. To instruct all guards that in case assistance is required of personnel at the Guard House the most suitable of the following procedures will be carried out.

- (1) Where telephone is readily available the Guard House will be notified by that method.
- (2) Where it is more convenient the wire fence around the hospital and water intake area will be shorted by a device furnished guards in those areas, which will give an alarm in the guard house.
- (3) As a last resort where (1) and (2) are not available, assistance will be called for by discharge of ammunition of single barrel shotgun into the air.

e. To transmit to their relief any new instruction or information received during their tour of duty by authority authorized to give same.

f. To receive a report from the watchmen of the guard every hour, and make personal inspection of the guards at frequent intervals to determine that they are performing the work assigned to them in a satisfactory manner.

g. To remain on the reservation during their tour of duty at all times, keeping the Provost Marshal's Office notified of their whereabouts.

h. To cause the flag to be raised at 6:30 AM and lowered at sundown and to be half-staffed when notified by proper authority. Flags will be kept in the best possible condition, and not handled except in the performance of duty. The Adjutant will be notified when flags are not in a serviceable condition. (Note: This applies only to the Military Guard.)

i. To notify the Provost Marshal or Administrative Officer of the Day at once should a member of the Guard force while on duty become unfit for duty or for any reason leave his post. Arrangements will be made through the Provost Marshal or Administrative Officer of the Day to have members of the Guard force with physical complaints examined by a Medical officer before they are relieved from their place of duty.

j. To detain at the office of the Principal Guard in the Guard House, all suspicious persons or parties loitering around the hospital grounds and not to release same until ordered to do so by proper authority.

k. To enter reports of their tour of duty together with any special orders for the guard in the guard report book, and on completion of their tour, present it to the non-commissioned officer relieving them. The guard report book will be presented to the Executive Officer for inspection before 9:00 AM daily.

l. To know thoroughly the fire, emergency, and blackout regulations of the hospital and see that all guards are familiar with the exact procedure to be carried out in the presence of fire on their respective posts. Should fire be discovered on the reservation it will be reported as outlined in H.R. No. 10-15, paragraph 5. The principal guard and senior guard will report to the Fire Marshal at the scene of the fire. Members of the guard will otherwise continue their customary duties but will prevent vehicles, other than fire apparatus and authorized vehicles from using the roads leading to the fire. Members of the guard not on duty but present on the reservation will report to the guard house for instructions.

m. To allow no government property to be removed from the Hospital reservation without proper authority.

n. To prevent the introduction of intoxicating liquors or narcotics on the military reservation and arrest all persons found drunk when deemed necessary due to disorderly conduct. Such persons will be detained in the guard house until examined and acted upon by proper authority.

o. To see that all street lights, lights on fire reporting telephones and other authorized lights are burning, and report to the Administrative Officer of the Day any defects noted.

p. To see that the guard office is attended at all times by a member of the guard.

q. To check the property of the guard under their charge immediately before going on duty recording the check in the guard book, and see that such property is properly cared for.

r. To instruct all guards on duty in the guard house, both civilian and military, on the use of the panel-board located in the office of the Principal Guard so that any guard may take over the board in case of emergency.

s. To see that automobiles drive within the authorized speed limit, and unless loading or unloading or attending to necessary business, park properly in parking spaces provided. All civilian automobiles without proper identification (Darnall General Hospital Sticker) driving in any area of the military reservation, except along the road leading from gate 7 (located at southwest corner of hospital) to the front of the hospital to discharge occupants, and until 10:00 PM along the road leading from the hospital north to the non-commissioned officers' Club, will be stopped after dark and investigated by members of the guard force. Occupants of such automobiles if on the reservation without proper reason will be ordered off the reservation, unless open to suspicion, in which case they will be detained in the office of the Principal Guard at the Guard House until investigated by proper authority.

t. To instruct all guards that all gates on the reservation will be locked at 6:00 PM with the following exceptions:

Gate No. 1 - Main entrance, which will be closed with the gate chain at 6 PM.

Gate No. 7 - Southwest corner of hospital area. This gate will be closed at 10:00 PM. It need not be locked except in case of emergency.

Gates will be opened at daybreak, except No. 2, 3, 4, and 11, which will be locked at all times.

5. PRISONERS.

a. Garrison and General Prisoners who are not patients on closed wards will be conducted to the mess and various clinics and

departments of the Hospital by a member of the Military guard with a shotgun. The Sergeant of the Guard will be responsible for the selection of these sentries.

b. If a military guard is guarding a prisoner, outside the Guard House, and a fire alarm or blackout signal is sounded, he will conduct his prisoner at double time to the Guard House, turning him over to the non-commissioned officer in charge.

c. The conduct of military members of the guard while acting as sentries, will be governed by instructions laid down in TR 135-15.

6. THE GUARD HOUSE. The Provost Marshal is responsible for the property, care, sanitation, and housing of the prisoners and members of the military guard in the Guard House. A member of this military guard and such additional military guard as are essential for the security of the prisoners will be on duty. The military guard will be responsible for searching of prisoners on admission routinely, and turning over to the Provost Marshal or Administrative Officer of the Day, money, valuables, watches, or dangerous weapons found.

7. GENERAL ORDERS, MILITARY GUARD. The general orders of the military guard will be that set forth in Paragraph 31, TR 135-15. Members of the military guard will memorize them.

8. SPECIAL ORDERS, MILITARY GUARD. Special orders for this section are contained in the foregoing regulations.

9. GENERAL AND SPECIAL ORDERS OF THE CIVILIAN GUARD ARE AS FOLLOWS:

a. General Orders.

- (1) Guards will take charge of their posts and all Government property in view.
- (2) They will walk their posts keeping always on the alert and observing everything that takes place in sight or hearing.
- (3) They will report all violations of orders they are instructed to enforce.

Explanation: Generally, these may be reported to the Principal Guard at the time of relief or inspection. Serious violations should be reported at once. As well as reporting violations, it is still more important that the guard should prevent them. It is for that purpose that he is on post.

- (4) They will repeat all calls from posts more distant than their own from the Principal Guard's Office.

Explanation: This is to insure that calls from

distant posts will be relayed in. A guard hearing the call from a more distant post will repeat it without further delay.

- (5) They will quit their posts only when properly relieved.
- (6) They will receive, obey, and pass on to the guard who relieves them all orders from the Provost Marshal, Principal Guard, or his authorized representative.

Explanation: None except those mentioned should give orders to a guard unless it be the Administrative Officer of the Day and then only in unusual cases. Orders should come to a guard through the Principal Guard. If he receives the order direct from higher authority he should inform the Principal Guard at his first opportunity, as well as the guard who relieves him.

- (7) They will give alarm in case of fire or disorder. (In case of fire, see Fire Regulations.)

Explanation: A guard endeavors to quell disorders or prevent fires on his post. If he cannot do so he will call on the telephone to the operator, giving the location of the fire. If telephones are not readily available, he will use any other method suitable to attract attention, such as yelling, "Fire", shorting the wire fence around the hospital, or water intake area, or discharging his gun into the air.

- (8) They will call the Principal Guard or his authorized representative in any case not covered by instructions.
- (9) They will be especially watchful at night and during the time for challenging, to challenge all persons on or near their posts and to allow no one to pass without proper authority. (See Special Orders - RE: Challenging.)

Explanation: The hours for challenging are prescribed by the Provost Marshal or the Principal Guard. Upon the approach of any person the guard advances rapidly along his post toward him; and, when at about 30 paces distance he challenges sharply: HALT, WHO IS THERE? The command HALT is repeated if the person does not promptly halt. If the person is mounted, the challenge is HALT, DISMOUNT. WHO IS THERE? The challenged person then identifies himself. The guard then orders: ADVANCE (so and so) TO BE RECOGNIZED. Having recognized the person, he orders: YOU MAY PASS. If two

or more persons approach from different directions, the guard takes a central position and halts each in turn, and advances them one at a time. A guard must satisfy himself that any person challenged is who he represents himself to be and has authority to pass. If in doubt as to this, he detains the person and calls the Principal Guard.

b. Special Orders)
Post No. 1)

Description:

This post is located at the Main gate of the reservation (designated as Gate No. 1)

(1) Keep constantly on the post and allow no soldier to leave the Reservation who is drunk or disorderly, or in improper uniform. (Instructions regarding proper uniform will be posted in the Gate House.

(2) Arrest all suspicious characters found prowling near your post (if on the reservation) and notify the principal guard, his authorized representative, or the Administrative Officer of the Day.

(3) CAUSE ALL AUTOMOBILES ENTERING OR LEAVING THE POST TO COME TO A FULL STOP BEFORE PASSING THROUGH THE GATE. (GREAT CARE MUST BE EXERCISED IN PERMITTING VEHICLES LEAVING THE RESERVATION TO ENTER THE HIGHWAY WHEN ANY TRAFFIC IS APPROACHING.) Vehicles entering the reservation and on the highway have the right of way. Exercise care to prevent automobiles entering the Reservation from blocking the main highway.

(4) Advise all transient civilians entering the reservation during the hours of challenging to come to a full stop (and if mounted, to dismount) when the guard or guards on various posts signal to them to stop by WAVING A LIGHT, BLOWING A WHISTLE, OR CALLING TO THEM TO HALT.

(5) Permit no government transportation to leave the Post between Retreat and Reveille, unless authorized by the Commanding Officer, Executive Officer, Officer of the Day, Adjutant, Provost Marshal, Attend-Surgeon, Quartermaster, or Receiving Officer.

(6) ADMISSION TO RESERVATION.

The following may be admitted to the reservation by the guard:

(a) Vehicles displaying the Darnall General Hospital Sticker (DGH)

(b) All recognized military and civilian duty personnel.

(c) Authentic representatives of business firms between the hours of 9:00 AM and 5:00 PM (In case of doubt call the Adjutant for verification.)

(d) Taxi cabs as far as the main building for the purpose of picking up and returning enlisted personnel to this command. Taxi cabs and privately owned automobiles will be allowed to go as far as the Officer' and Nurses quarters to pick up and return Officer and Nurse personnel.

(e) Visitors to officers and nurses (verification must be obtained by the guard in each case from the person concerned. Visitors to enlisted personnel will be allowed entrance upon authorization by the Adjutant from 8:30 AM to 5:00 PM and by the Administrative Officer of the Day after these hours.

(f) Visitors to patients between 9:00 AM and 5:00 PM daily. At all other times permission must be obtained to enter the reservation from either the Adjutant, Administrative or Professional Officer of the Day, Executive Officer, or Registrar.

(g) Visitors accompanied by non-commissioned officers for the purpose of visiting the NCO Club only between the hours of 6:00 PM and 10:00 PM.

(h) Authorized busses will be permitted to proceed to the entrance of Gate No. 7 (located at Southwest corner of hospital area) to discharge occupants. The bus leaving Danville about 8:00 AM and 11:30 PM will be permitted to enter the gate to proceed to the quarters, barracks, and office building near the standing water tower to discharge hospital personnel. All other persons will dismount from the bus at the entrance gate. The bus leaving the hospital about 5:00 PM will be permitted to enter the grounds to pick up passengers at quarters, barracks, and office building.

(i) Authority for admission of all other persons or vehicles desiring entrance to the Post at any time will only be obtained from any of the following authorized persons:

- (1) The Adjutant
- (2) Administrative Officer of the Day
- (3) Professional Officer of the Day
- (4) The Executive Officer
- (5) The Registrar
- (6) The Post Engineer

Special Orders)
Post No. 2)

Description:

This post is located at the Southwest corner of the Hospital at Gate No. 7.

(1) Stop all civilians not recognized entering Gate No. 7 on foot and ascertain their business. Visitors will be directed to the main building. Other authorized persons to the proper office of the individual to be interviewed.

(2) Arrest all suspicious characters found near the Post, and notify the Principal Guard, his authorized representative, or the Administrative Officer of the Day.

(3) Stop all vehicles entering Gate No. 7 without proper identification (DGH Sticker) unless vehicles are taxicabs or are those of recognized business concerns. Determine the reason for such vehicles entering the hospital area, and if on the reservation for legitimate reasons such as visiting patients, visiting officers, nurses, and enlisted personnel, visiting the Non-Commissioned Officers' Club between the hours of 6:00 PM and 10:00 PM or applying for civilian positions open in the hospital, the vehicles will be furnished direction as to finding the office or individual desired as well as directed to the parking space provided.

(4) Authorized busses will come to a full stop in front of Gate No. 7 to discharge occupants. All persons riding on same not recognized will be asked to furnish identification and reasons for desiring entrance to the hospital area by the guard on duty at that post.

(5) Gate No. 7 will be kept open until 10:00 PM and closed from 10:00 PM to daylight. To be locked on an emergency signal (short blasts of the steam whistle)

(6) Report to the office of the Principal Guard, through the guard patrolling Post No. 5, every hour on the hour.

Special Orders)
Post No. 3)

Description:

Post No. 3 extends from Gate No. 6 (located north of the Doctors' Office Building) south along the electrified wire fence

passing Post No. 2, then east along the wire fence to the area adjacent to the Power Plant, then north along the fence to Gate No. 10 (located northeast of barracks on the road leading to the incinerator and sewage plant), then west along the fence to Gate No. 6.

(1) To patrol the area mentioned at least once every hour and check carefully the entire fence area.

(2) To be especially watchful for unauthorized persons loitering near the fence area.

(3) To be responsible that all gates on patrol except gates No. 7 and 9 are locked at 6:00 PM.

(4) To report by telephone to the Office of the Principal Guard in the Guard House every hour (making report at the same time for the guard on Post No. 6). The telephone to be used is located along the wire fence to the north of the Doctors' Office Building.

NOTE: Unauthorized persons found loitering in the vicinity of the wire fence will be challenged at any time of the day or night.

Special Orders)
Post No. 4)

Description:

Post No. 4 is located at the Water Tower.

(1) To remain within the barbed wire fence inclosure at all times.

(2) To be on the alert for unauthorized persons loitering near the water tower.

(3) To report by telephone to the office of the Principal Guard every hour, on the hour, from the telephone located north of the Doctors' Office Building on the wire fence.

Special Orders)
Post No. 5)

Description:

Post No. 5 extends from fire plug No. 1 (located on the south side of the hospital building along Barnes Street) along the road north leading to the Receiving Office, then east along south side of hospital building passing the transformer station, then south passing Red Cross Building back to Barnes Street, then east along Barnes Street to Beaumont Avenue, then north along Beaumont Avenue passing the Nurses' Quarters, Officers' Quarters, the Post Exchange to the barracks of the enlisted personnel, then east on road to the rear of

the barracks, then south between the Detachment Dayroom and Detachment Mess, continuing south between the Post Exchange and Officer's Recreation Buildings to the road junction of Beaumont Avenue and O'Reilly Street, then west along O'Reilly street passing the Medical Supply Building and Dispensary Building, then east along O'Reilly street to Lawson Avenue, proceeding south along Lawson Avenue passing the patients' mess and Red Cross Building to Barnes Street, then west along Barnes Street to the starting point.

- (1) To patrol area described at least once every hour.
- (2) To check transformers on the southeast side of hospital, and check after dark all windows and doors of the Red Cross Building, the Detachment and Patients' Mess, and the Medical Supply building. To check all windows and doors of the Post Exchange after closing time, and the Detachment Dayroom and Officers' Recreation building after 12:00 midnight.
- (3) To report all authorized lights not burning immediately to the Office of the Principal Guard.
- (4) To be especially watchful for unauthorized persons loitering near any building.
- (5) To challenge any vehicle found driving around the Post after dark without proper identification (DGH Sticker).
- (6) To report by telephone to the Office of the Principal Guard every hour (making report at the same time for the guard on Post No. 2). The telephone to be used is located in the Dispensary Building,

NOTE: The hour for challenging on this Post, except for unauthorized vehicles driving around the Post after dark, will begin at 10:00 PM and extend until daybreak.

Special Orders)
Post No. 6)

Description:

Post No. 6 is located east of Nurses' Quarters on road leading to Utilities building and Power House at Gate No. 9.

- (1) To be especially watchful for unauthorized persons loitering in the vicinity.
- (2) To lock gate at 6:00 PM and only open same for authorized vehicles or persons.
- (3) To open gate immediately on hearing a fire call and keep the roads in the vicinity clear of unauthorized traffic.

(4) To report to the Office of the Principal Guard every hour through the guard patrolling Post No. 5.

Special Orders)
Post No. 7)

Description:

Post No. 7 is located in the Office of the Principal Guard at the Guard House.

(1) Guard on Posts Nos. 1, 2, 3, 4, 5, 6, 8, and 9 will report by telephone to the Office of the Principal Guard every hour, on the hour. Guards who come in intimate contact with other guards who do not have a telephone available may also make a report for that guard.

(2) Should a guard fail to report, an investigation will be immediately made by the Principal Guard or his authorized representative. They, in turn, after investigating the Post in question will return to their office in the Guard House or report by telephone within fifteen (15) minutes. Should the Principal Guard or his representative fail to make such a report at the proper time, the guard on duty in his office will notify the Corporal of the Military Guard who will call out the Reserve Guard to investigate the Post in question.

(3) In case an alarm registers on the panel board in the guard house or telephone communication is received from guards on posts that assistance is needed the following procedure will be followed:

The Principal Guard or his assistant, and two other guards, armed with shotguns will immediately proceed by automobile to the post in question and will investigate the trouble. If after investigating, in their opinion an emergency assembly is needed they will notify the telephone operator to have an emergency call sounded as outlined in H.R. 10-100.

Special Orders)
Post No. 8)

Description:

Post No. 8 is located within the southeast corner of the fence area of the reservation. This Post is patrolled by two guards. One guard patrols the area designated as patrol A, the other guard that area designated as patrol B.

1. Patrol begins at the wash-water tank, then northwest passing in front of the motor pool, Detachment Supply, utilities building, and Quartermaster garage, then east to Quartermaster Warehouse, encircling that building to the southeast end, then south to starting point at the wash-water tower.

(1) To patrol area mentioned at least once every thirty (30) minutes.

(2) To check all windows and doors of the motor pool, Detachment Supply, Utilities Shop, Quartermaster Garage, and Quartermaster Warehouse after dark.

(3) To be especially watchful for unauthorized persons loitering in the vicinity of the wash-water tower or any building in the area.

(4) To challenge all vehicles found driving in the area after dark.

(5) To report to the Office of the Principal Guard in the Guard House every hour on the hour through Patrol B Guard on Post No. 8.

2. Patrol B begins at the southeast corner of the Power House, encircles that building, then southeast along road to Gate No. 8 (located southeast of Power House on road leading to water intake), then northwest along road to the southeast corner of the power house.

(1) To patrol area mentioned at least once every thirty (30) minutes.

(2) To be especially watchful for unauthorized persons loitering near the power house and water purification basins, the fuel-oil tank, Gate No. 8, and the rear of the motor pool, utilities shops, and Quartermaster Garage.

(3) To challenge all vehicles found driving in the area after dark.

(4) To lock Gate No. 8 at 6:00 PM and unlock same at daybreak.

(5) To report by telephone to the Office of the Principal Guard every hour on the hour, reporting at the same time for the other guard on Post No. 8; the telephone to be used is located in the Power House.

NOTE: The hour for challenging on this Post will begin at dark and extend until daybreak.

Special Orders)
Post No. 9)

Description:

Post No. 9 is located at the pumping station on Herring-ton Lake.

(1) Carefully observe all adjacent lake areas and see that no unauthorized persons approach the water intake supply.

(2) Report any visible changes in the physical appearance of transformer bank located west of the pumping station.

(3) Report by telephone to the Office of the Principal Guard on the hour, every hour. (These calls will be made from the telephone in the Guards' Storm Shelter, located at the pumping station.)

NOTE: The hour of challenging on this post will begin at dark and extend until daybreak, and any other time the guard deems necessary.

BY ORDER OF COLONEL CHAPPELL:

Aloyous Martin,
Captain, Med. Adm. C.,
ADJUTANT

OFFICIAL:
Aloyous Martin,
Captain, Med. Adm. C.,
ADJUTANT

H. R. NO. 10-25
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

SUPERVISOR OF HOSPITAL POLICE AND PERSONNEL

2. JURISDICTION AND ASSIGNMENTS. All enlisted men on duty in the places mentioned in Paragraph 1, above, shall be under the supervision of the Supervisor of Hospital Police and Personnel, who will assign to duty in his office, a sufficient number of non-commissioned officers for the efficient operation thereof.

a. The office of the Supervisor of Hospital Police and Personnel will serve as headquarters of the department and under the direction of officer in charge, function under the supervision of a senior non-commissioned officer who will be furnished a sufficient number of non-commissioned officers as assistants to permit efficient supervision over the department day and night.

4. HOURS OF DUTY.

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b. No less than one non-commissioned officer of those assigned as assistants to the non-commissioned officer in charge will be detailed for duty as supervisor of the night enlisted personnel. His tour will begin at 6:45 P.M., and terminate when properly relieved by day personnel.

5. NIGHT NON-COMMISSIONED OFFICER. The night non-commissioned officer will report in person to the Professional Officer of the Day as soon as practicable after his tour begins and will perform such specific duties as the Professional Officer of the Day may direct. He will make such complete inspections of the wards during the night as he may deem necessary or as may be directed by proper authority.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 10-30
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

1. ORGANIZATION. The Information Office, for the purpose of administration, is under the Adjutant. A non-commissioned officer will be detailed in charge with such enlisted assistants as may be necessary. This office will be kept open the entire twenty-four hours each day.

g. Index of Patients. In order that a ready reference may be available, a card will be prepared for every patient admitted by the Receiving Officer, and transmitted to the Information Office without delay. Care will be exercised that all the data recorded are correct. These cards will be filed alphabetically, according to last name and in dictionary index order. Any change in wards or other data will be noted on this card immediately. These cards will remain in the "live file" until the patient is "returned to duty, discharged, dies, or is otherwise disposed of", when the card will be filed in a "dead file" in the same manner as prescribed for the "live file", where it will be kept for three (3) months for reference.

c. Roster of Seriously Ill Patients. A roster of patients who have been reported as seriously ill, will be kept and no name will be removed therefrom until a death notice, or removal from seriously ill notice has been received from the Registrar.

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concerning the condition of patients either directly or by phone, except to transmit a written message signed by an officer. In no case will a diagnosis be given. Requests of newspapers, press bureaus, radio stations and similar organizations concerning the condition of patients or other matters in connection with the Hospital will be courteously referred to the Executive Officer, or Adjutant. Calls over the phone for information from relatives and friends regarding the condition of patients will be referred to a commissioned officer as indicated above. If, at the time of calling, information desired or the proper officer is not available, the party calling should be asked to call back in thirty minutes. Every effort should be made, however, to have calls over long distance answered at once.

e. Packages, Telegrams, Special Delivery Letters, etc., Received. All packages, telegrams, special delivery letters, flowers, etc., received for a patient who is in the mental wards of the Hospital, will be receipted for. The articles will be listed in a book provided for this purpose and delivered to the ward nurse without delay. Receipts from the ward nurse in charge of the ward will be obtained in the book. For patients in wards for hospital personnel, deliveries will be made to the nurse or to the patient himself, and receipts will be obtained. Under no circumstances will deliveries be left on desks or beds without delivery to a properly authorized person. Nurses or ward officers will examine letters and packages received for patients in closed wards in the presence of the patient. When it is not advisable for patients to receive letters or packages, they will be turned over to the Commanding Officer, Detachment of Patients. All money, dangerous articles, or articles not permitted in the closed wards will be turned over to the Commanding Officer, Detachment of Patients.

f. Functions under the Administrative Officer of the Day. During the hours that the administrative offices of the Hospital are closed, the Information Office will function under the direction of the Administrative Officer of the Day.

3. ROSTERS TO BE FURNISHED. The Commanding Officer of each detachment, the Principal Chief Nurse, and Officers in Charge of Civilian Personnel, will furnish the Information Office with rosters of personnel and all changes thereto.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 10-35
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

MEDICAL SUPPLY

2. GENERAL DUTIES OF MEDICAL SUPPLY OFFICER.

b. The maintenance and operation of such utilities as may be authorized for the upkeep of Medical Department Property.

d. Preparation and maintenance of such memorandum receipts, inventories, property reports, returns and stock record systems as are prescribed by proper authority.

f. Preparation of vouchers for expenditures of Medical Department Funds, other than pay of civilian employees.

g. Preparation of monthly report to the Assistant Secretary of War and the Surgeon General and the quarterly report to the Surgeon General, required for funds allotted under Medical and Hospital Department ("M and H. D. Funds").

3. SUPPLIES, EXPENDABLE, REQUISITION FOR:

a. Except in emergency, requisitions for expendable medical supplies will be made on Form 16-a, M.D. (one copy). Requisitions, ordinarily, will be prepared on the typewriter using the nomenclature, item number and unit listed in the Medical Department catalogue. They will be carefully checked and signed by the Officer in charge of departments, wards, etc., and forwarded to the Medical Supply Officer not later than 12:00 noon, Monday of each week.

b. Emergency requisitions may be submitted at any time. Emergency requisitions will be kept to a minimum and will be marked "Emergency".

4. SUPPLIES, NON-EXPENDABLE.

a. Requisitions for non-expendable supplies will be made in the manner prescribed under 3-b above, except that they will be prepared in duplicate on Form 16-b, M.D. The original will be retained by the Medical Supply Officer and the duplicate returned to the proper Officer for file as a voucher to his memorandum receipts.

5. ISSUE OF SUPPLIES.

a. Medical Supply Officer will examine all requisitions and reduce excessive amounts.

b. Regular issue will be made at the Medical Supply Department on Thursday of each week between 8:00 and 11:30 A.M.

6. ALCOHOL, NARCOTICS AND HABIT FORMING DRUGS. Alcohol, narcotics and habit forming drugs, including fluid extract of cannabis indica will be kept securely locked in a strong room, the keys to which will be kept at all times by the Medical Supply Officer, personally. He will issue these supplies personally. Absolute and Ethyl alcohol will be issued only to the Officer in Charge of Pharmacy and Officer in Charge of Laboratory. Alcoholic liquors, narcotics, and habit forming drugs will be issued only to the Officer in Charge of the Pharmacy. All alcohol, alcoholic liquors, narcotics, and habit forming drugs will be checked once each month by an officer designated by the Commanding Officer. The Medical Supply Officer will keep a detailed account of his issues on M.D. Form 17-a, keeping as vouchers, requisition Form 16-a, upon which issues were made.

7. PROPERTY RESPONSIBILITY. The Medical Supply Officer will maintain the Account of Property on Memorandum Receipt as prescribed in A.R. 35-6520. These receipts will be prepared in duplicate, renewed semi-annually or when property responsibility is transferred. Memorandum receipts presented to responsible officers will be checked by them immediately, and the original signed and returned to the Medical Supply Officer within forty-eight (48) hours, the duplicate to be filed in the

ward or department. All notations of the Responsible Officer will be made on the duplicate. In no case will original copies be changed or notations made by other than the Accountable Officer. Transfers made for convenience during short leaves of absence will be made by receipt of new officer on reverse of old receipt.

8. EXCHANGE AND REPLACEMENT OF PROPERTY.

a. Unserviceable, non-expendable property, for exchange, will be turned in to the Medical Supply Officer on Monday of each week between 8:00 and 11:30 A.M. Such property will be listed on Form 16-c, M.D., and will be certified by the responsible officer that the articles became worn out through fair wear and tear in the public service. Medical Department property becoming unserviceable through other than the above conditions will be acted on in accordance with provisions of A.R. 35-6640. Similar action will be taken when property is lost.

b. All supplies which are classed as expensive; such as, surgical instruments, scientific instruments and appliances, X-Ray tubes, dental instruments physiotherapy and electrotherapy machines which have become unserviceable through fair wear and tear in the public service, will be accompanied with a certificate, in quadruplicate, signed by the Responsible Officer, covering the unserviceability. This certificate will give all information required by Paragraph 3-b M.D. Supply catalogue.

c. Duplicate copies of Form M.D. 18-b will be furnished by the Officer in charge of the Dental Service, covering monthly expenditure of dental gold.

d. Non-expendable property, no longer required for current use, will be turned in to the Medical Supply Officer on Monday of each week, between the hours of 8:00 and 11:30 A.M. This property will be listed on M.D. Form 16-d, (in duplicate), signed by the Responsible Officer and submitted with the property to the Medical Supply Officer for approval and credit. The Medical Supply Officer will sign the duplicate copy of Form 16-d, and return it to the Responsible Officer for file with his Memorandum Receipts.

9. PROPERTY CHECK.

a. Officers having property on Memorandum Receipt will check all property for which they are responsible on the first day of each month. Report of such check, prepared in duplicate, listing all overages and shortages found, will be made, the original forwarded to the Medical Supply Officer not later than 12:00 noon, the following day, duplicate to be retained by Responsible Officer.

b. The Medical Supply Officer will consolidate the lists of overages and shortages as prepared by Responsible Officers, make such adjustments as are possible and report his action to the Commanding Officer.

c. Under existing regulations Accountable Officers are required to take up as "Found at Post" all property in excess of that listed on their stock record account. To avoid duplication of accountability, Responsible Officers are directed to report all articles in excess of their responsibility in order that adjustment may be made of shortages in other departments. In event that adjustments can not be made of property lost, the Responsible Officer will be directed to proceed as set forth in A.R. 35-6640.

d. The Medical Supply Officer will submit, not later than the 5th day of each month, a report to the Commanding Officer, in duplicate, showing the location and the name of the Responsible Officers failing to submit the overage and shortage report, as directed in a. above.

e. The Medical Supply Officer will, from time to time, check wards and departments to determine the accuracy of check reported by such ward or department. The Officer in charge of the ward or department will accompany the Medical Supply Officer while check is being made and will render such assistance as may be required to secure an accurate check. The results of this check will be considered final and will be reported to the Commanding Officer by the Medical Supply Officer.

10. INVENTORY AND REPORTS.

a. The annual inventory of medical supplies as required by current orders, War Department, as well as special inventories and reports of property required from time to time, will be prepared, signed by the Medical Supply Officer and forwarded by him through the Commanding Officer to the Surgeon General of the Army. The annual inventory will, also, be entered on the stock record cards as prescribed by regulation.

b. The Medical Supply Officer will prepare and submit to the Commanding Officer, a semi-annual statement of cost of Medical Services, as prescribed in A.R. 40-1705, covering six month periods, ending June 30th and December 31st of each year. This report will be submitted on the 10th day of July and January of each year, covering the periods just preceding, or as soon thereafter as complete information can be furnished.

11. REPAIR AND RENOVATION OF MEDICAL EQUIPMENT, INCLUDING INSTRUMENTS.

a. Whenever the Responsible Officer desires repair or

renovation of any article, or articles of Medical Department equipment, he will cause the article to be turned in to the Medical Supply Officer at the Medical Department Storeroom, with a statement of work desired. The Medical Supply Officer, upon receipt of such article, will either exchange it for a serviceable article of the same character, or cause the necessary repairs to be made. No article of Medical Department equipment will be sent to a repair shop by any person other than the Medical Supply Officer.

b. Typewriters. The Medical Supply Office is charged with the cleaning, repairing, the changing of ribbons and general maintenance of all Medical Department typewriters. All individuals, other than those designated by the Medical Supply Officer, are prohibited from cleaning or repairing typewriters or changing the ribbons. Issues of typewriter ribbons to departments will not be made. Typewriters will be taken each month to the Medical Supply Machine Shop at a convenient time, during the period designated by the Medical Supply Officer, for inspection, cleaning, and such other servicing as is deemed necessary. A suitable tag will be affixed by the Medical Supply Officer to each typewriter upon completion of servicing and inspection. This will not be removed.

12. PURCHASE OF MATERIALS IN OPEN MARKET.

a. Requests for purchase of non-standard drugs or supplies by Services will be to the Medical Supply Officer by the Chief of Service concerned. Except in case of extreme emergency, the Medical Supply Officer will obtain the approval of the Commanding Officer or his representative before purchases are made.

b. Purchases of supplies from Medical Department appropriation will not be made by any one other than the Medical Supply Officer. Purchases made other than in the authorized manner, or orders given in anticipation of future deliveries will be charged to the account of the person or persons giving such orders.

c. Monthly reports of expenditures against proper appropriation titles will be made by the Medical Supply Officer, signed by him as to their correctness and submitted to the Commanding Officer by noon the 5th day of the month next succeeding, or as soon thereafter as complete report can be furnished. This report will be as of the last day of the previous month.

d. Report of Medical and Hospital Department allotments expended by the Medical Supply Officer will be reported monthly to the Assistant Secretary of War and the Surgeon General. A special report is required at the end of each quarter to the Surgeon General (see A.R. 40-1705). These reports will be forwarded through the Commanding Officer by the 5th day of the succeeding month, or as soon thereafter as complete information can be furnished. Similar

reports will be made at the end of each fiscal year as soon as accompanying vouchers can be secured.

13. TRANSFER OF PROPERTY.

a. When property responsibility in a ward or department is ordered transferred from one officer to another, the Responsible Officer, accompanied by his successor, will personally check all property on Memorandum Receipt. Report of such check, with overages and shortages, will be made to the Medical Supply Officer, who will make such adjustments as possible from his stock and prepare a new Memorandum Receipt for the new Responsible Officer.

b. Upon receipt of orders for change of station, or upon change of duties which require transfer of accountability, Circular No. 63 W.D., April 9th, 1941, covering changes in A.R. 35-6680 and 35-6740, will be complied with.

14. REQUISITION BY MEDICAL SUPPLY OFFICER.

a. Requisitions for Medical Supplies will comply with Medical Supply Catalogue 1941, and A.R. 40-1705.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 10-40)

H. R. NO. 10-40
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

ADMINISTRATIVE

MESS

1. DIRECTOR OF DIETETICS - DUTIES IN GENERAL.

a. Charge of and responsibility for the administration of all messes in the Hospital. He may direct the Principal Nurse to assume this responsibility for the Nurses' Mess.

b. He is custodian of the Hospital fund and, as such, is responsible that it is expended in accordance with existing regulations.

c. He is responsible for the selection, purchase, care, issue, preparation and serving of all food supplies.

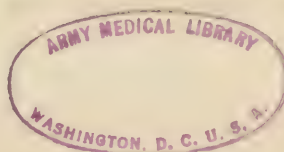
d. Dietiticians will function under his direct supervision. The Chief Dietitian under the Director of Dietetics is responsible for all food serviced to patients and others authorized to eat at, or from, the patients' mess. She will submit bills of fare for all patients to the Director of Dietetics for approval. She will maintain supervision over the dietitian under her charge. She will assign them to specific duties, and hold them responsible for the proper performance thereof. She will make recommendations to the Director in regard to purchase of food supplies and mess equipment.

2. RECORDS. The following records will be maintained:

a. Stock Cards. For all articles in stock, cards will be prepared and purchases and issues noted thereon.

b. Inventory Book. The Inventory Book will contain an itemized list of all articles remaining on hand in the storeroom at the end of the month, together with the money value and total cost of same.

c. Monthly Statement of Cost. In this book will be recorded the cost of each mess, the total number fed during the month and the cost per capita of each.



d. Bills of Fare. These will be prepared daily, copies furnished the Commanding Officer, wards, kitchens, dining rooms and bulletin board.

e. Hospital Fund Statement. This will be prepared monthly in accordance with A.R. 210-50. The retained copies of the statement of the Hospital Fund and pertinent vouchers will be filed by the Mess Officer with the records of the mess. A list of outstanding bills will be filed with retained Hospital Fund Statement.

f. Mess Accounts. A consolidated statement will be kept showing the daily financial standing of the Hospital Mess on Medical Department Form No. 74.

g. Cash Book. It will show the source of all cash receipts and the disposition of them.

h. File of Receipts. Will comprise duplicate receipts furnished all pay patients upon payment of their accounts.

i. Record of Pay Patients. A card will be kept for each pay patient in the Hospital, showing the name, date of admission, status, date of discharge, rate of charge per day, dates payment for subsistence or medicine were made, the amount of subsistence or medicine charge, separately, and the name of the person making the collection. This record is maintained in two files.

(1) File of patients in Hospital and unpaid accounts.

(2) File of those discharged and accounts paid.

j. Record of Durable Property. A record of all durable property will be kept showing the cost and the department to which issued. A memorandum receipt will be signed by the person holding such property and filed with the durable property account book. All durable property will be entered on W.D.Q.M.C. Form No. 24. For the information regarding this, see Paragraph 25 T.M. 8-260.

k. Bank Account. Will comprise deposit books, cancelled checks, retained stubs and bank statements.

l. Funds. The Custodian will be responsible that no person handles or has possession or access to funds except persons properly bonded.

3. SUBSISTENCE AND MEDICINE CHARGE. The Director of Dietetics or his bonded representative will make collections of all subsistence indebtedness due the Hospital fund by pay patients and

will be responsible for proper maintenance of all accounts and records. The Director of Dietetics will, also, receive, account for, and make the prescribed disposal of all funds paid as medicine charge by patients in the Hospital who are not entitled to care and treatment at government expense. He will render each pay patient on the last day of the month, a statement, showing the patient's indebtedness and will furnish an itemized, number and signed receipt upon payment. All patients remaining in the Hospital on the last day of the month are required to pay their indebtedness in full on the first day of the month following to the Director of Dietetics or his bonded representative at the Mess Office, except those whose condition is such that they cannot leave the ward, in which case the Ward Officer will furnish the Director of Dietetics a list showing the name of each patient unable to leave the ward. Upon receipt of this list, the Director of Dietetics will call at the ward and obtain settlement. Under no circumstances will the Ward Officer, the Nurse or Attendants act as a collecting agency for the Director of Dietetics. Pay patients discharged from the Hospital will pay their indebtedness at the Mess Office on the date of discharge. The Director of Dietetics will institute the necessary steps in accordance with Army Regulations for the collection of any money due the Hospital fund by pay patients for which settlement cannot be obtained locally.

4. PURCHASE OF FOOD SUPPLIES. The Director of Dietetics will, personally, check and sign all orders for the purchase of food supplies required for all messes at the Hospital, except Nurses' Mess. He will assure himself that the supplies charged to the Hospital fund are actually received, safely stored and issued for proper use. He will maintain all necessary records. All components of the ration will be purchased from the Quartermaster when available.

5. PAYMENT FOR SUPPLIES. The Director of Dietetics will make payment by check for all supplies purchased and will obtain a signed receipt. Under no circumstances will he dispense cash.

6. BANK DEPOSITS. The Director of Dietetics will deposit, in an authorized bank, to the credit of the Hospital fund, Darnall General Hospital, all monies received, except that he is allowed to keep on hand a sum not to exceed \$20.00 in cash to make change for patients in settlement of their hospital indebtedness.

7. MEALS AND MEAL HOURS. As prescribed in Form D.G.H. 44 and H. R. No. 20-20.

8. RESPONSIBILITY FOR FOOD HANDLERS EXAMINATIONS. The Director of Dietetics will be responsible for the observance of Paragraph 12, A.R. 40-205.

9. PROPERTY RESPONSIBILITY. The Director of Dietetics will cause a physical check to be made of all property for which he is responsible, on the last day of each month. He will report the result to the Medical Supply Officer.

10. SERVING OF MEALS IN MESS HALLS. Patients eating at the General Mess, who, because of their physical condition, are unable to carry a tray will be allowed to sit at the table. An attendant will secure his meals from the cafeteria counter. Attendants will be furnished cards by Ward Surgeons for these patients requiring special service and diets. Attendants will see that proper patients get the service and diets as ordered by the Ward Surgeon.

11. NURSES' MESS. The Nurses' Mess, upon authority of the Director of Dietetics, will function under the immediate supervision of the Principal Chief Nurse, who will be responsible for the selection, care, preparation and serving of food for the mess. A member of the Army Nurse Corps may be detailed from among the nurses, who will be directly in charge of the Mess. This nurse will, personally, make all purchases of supplies required for the Mess, will be responsible for their economical use, direct the work of the employees in the kitchen and dining room, and will check the daily bill of fare. At the end of each month, or when departing from the Hospital by reason of transfer, leave of absence, etc., members of the Army Nurse Corps Reconstruction Aides, Dietitians, or such other persons whose subsistence is authorized in the Nurses' Mess, will pay into the Hospital Fund, through the Chief Nurse, the amount prescribed by Army Regulations, for each day they have been furnished meals. A statement showing clearly the amounts collected from the groups, giving the number of days, per diem rates, and the amount of credit allowed for Mess Attendants subsisted at the Nurses' Mess, will be submitted to the Director of Dietetics by the Chief Nurse at the end of each month, together with vouchers to be paid by him. The total amount of these vouchers will not exceed the amount collected for subsistence and the amount of credit allowed for Mess Attendants' subsistence. The meal hours at the Nurses' Mess will be prescribed by the Chief Nurse.

12. HOSPITAL COUNCIL. The Hospital Council will consist of the three (3) ranking officers of the Medical Department on duty at this Hospital, excluding the Commanding Officer. The Council will be governed by the provisions of Paragraph 18, A.R. 210-50.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 10-45
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942.

ADMISSION OF PATIENTS

a. Admission of patients.

c. Regulation of ambulance service.

e. Strict observance of regulations governing funds, valuables, money, dangerous weapons and checking of baggage of patients upon admission.

f. Proper care and treatment of patients.

a. Transfers from other stations on competent author-
(These will comprise major part of admissions.)

c. Military duty personnel of other stations and duty personnel of the Navy and Marine Corps who may be nearby temporarily, and who, in the opinion of the admitting officer, need immediate hospital care.

d. Civilian employees of this Hospital injured in the performance of their duty may be admitted when suitable accommodations are available.

e. Red Cross Field Directors and other officially recognized welfare workers of this Hospital on the status of an officer.

f. Certain military personnel of the United Kingdom serving in the United States as military attaches, or members of commissions as directed in Circular Letter #7, 1942, Office of the Surgeon General, U.S. Army, Washington, D. C.

g. In extreme necessity only persons not entitled to admission may be admitted.

h. Authority of the Commanding Officer, or his representative, will be secured for admission of all other persons shown as entitled to admission under Paragraph #6, A.R. 40-590, except such cases transferred to this Hospital by competent authority.

3. ADMISSION PROCEDURES.

a. All patients, except as noted below, will be admitted through the Receiving and Disposition Office where pertinent administrative data will be made of record and assignment to proper ward made.

b. The officers and nurses, actively disturbed mental patients, litter patients and seriously ill patients will be admitted to their proper wards where admission data will be obtained by a clerk sent from the Receiving and Disposition Office.

c. The admitting officer will interview each patient, review briefly the transfer clinical record, examine the patient for contagious disease, venereal disease and body infestation before assignment to a ward. In the case of officers, nurses, actively disturbed mental patients, litter patients and seriously ill, this examination should be included in the general physical examination as soon as the patient arrives on the ward by the ward surgeon or, in his absence, the admitting officer.

d. All patients, except those admitted direct to the ward will be undressed in the Receiving Office and dressed in hospital clothing. Clothing of patients not permitted on the ward will be returned to the Receiving Office for listing and storage in the baggage room.

e. Patients believed to be suicidal or homicidal will be reported to the ward personnel by the admitting officer at the time of admission to the ward.

f. During the admission procedures, tact, regard for feelings of the patient by all personnel must be exercised. This is especially necessary in examining, searching and questioning the patient. Such procedure should be carried out in the presence of only such duty personnel as is necessary for safety. Hospitals are strange places for most non-professional people and first impressions often influence the reaction of patients thereafter while in hospital. Each patient will be accompanied to his ward by at least one attendant.

g. Baggage.

- (1) All baggage, clothing and personal effects, except those permitted to remain on the ward with the patient will be listed on baggage and clothing slips in duplicate. These will be stored in the patients' baggage room and properly labelled. Both lists will be receipted for by attendant in charge of the baggage room, who will keep one for his records; the second copy will be sent to the Commanding Officer, Detachment of Patients.
- (2) All effects of mental patients which they are permitted to have on the ward will be listed in duplicate by the ward surgeon or ward nurse. One copy will be held on the ward. The duplicate will be sent to the Commanding Officer, Detachment of Patients. Articles, except those of no intrinsic value later received by such patients, will be similarly listed again, keeping a copy on the ward and sending the duplicate to the Commanding Officer, Detachment of Patients.

h. Dangerous Weapons and Drugs. When dangerous weapons, such as knives, pistols, guns, ammunition, clubs, etc., are discovered in the search of a patient's person, baggage, clothing or effects in Receiving Office or on the ward, such weapons will be safeguarded and duplicate lists of them prepared by the admitting officer. These lists will be delivered to the Commanding Officer, Detachment of Patients with the articles. The Commanding Officer, Detachment of Patients, will receipt the duplicate copy and return it to the admitting officer. The original will be filed with the list of patient's effects by the Commanding Officer, Detachment of Patients. All such dangerous weapons will be kept in the safe of the Commanding Officer, Detachment of Patients. In the case of pistols or guns, care must be exercised to safely unload them as soon as discovered. Poisonous or dangerous drugs so found will be turned over to the Executive Officer for such disposition as he desires to make. In the case of mental patients, all other dangerous articles, as knives, glass, steel nail files, scissors, etc., will be listed.

i. Money and Valuables. Procedures directed in Paragraphs #2 and #3 will be followed to safeguard patient's funds and valuables.

i. Personal Effects Which Patients May Keep on Wards.

(1) Mental patients, enlisted status.

Toilet articles, except razors or dangerous weapons.

Shoes.

Socks.

Handkerchiefs.

(Note: Should it become necessary to take these articles from the patients, they will be tagged with the patient's name and kept in the ward clothing room.)

Patients may be permitted to have a few of their personal books, magazines and photographs on the ward, upon authority of the ward surgeon.

(2) Mental patients, officers and nurses.

Shoes.

Socks.

Underwear.

Shirts.

Neckties.

Outer clothing and women's wearing apparel.

Handkerchiefs.

Toilet articles, except dangerous articles.

Books.

Magazines.

Photographs.

One small handbag or satchel.

Toilet kit.

(Note: The ward surgeon may, in his discretion, prohibit certain articles to be kept in the possession of any individual patient, in which case they will be kept in the clothing room on the ward.)

- (3) Patients, enlisted status, on wards for duty personnel.

Shoes.
Socks.
Garters.
Books.
Letters and personal papers.
Photographs.
Money and valuables which they elect to keep. (See H.R. 15-30.)
Toilet articles.

- (4) Patients, officers and nurses status on wards for duty personnel.

Small quantities of their personal effects.
Clothing.
Letters.
Books.
Magazines.
One small handbag.
Toilet articles and kit.
Money and valuables they elect to keep.

k. A list will be maintained in the Receiving and Disposition Office designating the type of cases normally admitted to each ward. No patient will be assigned to a ward without having the approval of the Receiving and Disposition Officer. Any error in assignment to ward will be corrected before midnight of that day, otherwise, a regular transfer between wards will be necessary.

l. Patients admitted to the Hospital will be examined, physically, without delay by the Receiving and Disposition Officer or his representative and such orders given as may be necessary relative to care and treatment until care of the patient is assumed by the ward to which assigned.

m. Arrival of patients by train. Upon receipt of information as to the expected arrival of patients by train, the Receiving and Disposition Officer will arrange for the necessary ambulance transportation and attendants to meet them. When it is known that communicable disease cases are among those arriving, separate ambulances will be provided. Such latter cases will be admitted to proper ward from the ambulance after being seen by the Receiving and Disposition Officer.

n. Reports rendered when patients stationed at adjacent posts are admitted direct: -

- (1) Whenever a militarized person stationed at an adjacent post is admitted direct to hospital (other than by formal or informal transfer) the admitting officer will communicate immediately by telephone with the Adjutant or his representative of the patient's post and advise such official as to the fact, date and time of admission. A record of such action will be made and initiated by the admitting officer under the heading "Source of Admission" on the Clinical Record Brief.
- (2) On the morning after admission of cases referred to in (1) above, the Registrar will dispatch by mail, formal notification of admission to the patient's Commanding Officer and Surgeon.

g. Reports rendered when patients stationed at other than adjacent posts are admitted direct.

- (1) Whenever a militarized person, absent from other than adjacent posts, is admitted direct, the admitting officer will enter on admission sheet the fact, date and time of admission, together with a notation as to status of patient as disclosed by interrogation at time of admission.
- (2) On the morning after admission of such cases referred to in (1) above, the Registrar will forward by mail, formal notification of admission to the patient's Commanding Officer or to the proper authority. Where it appears that the report should be sent by telegraph or radio, the facts will be reported to the Adjutant for proper action.

4. RECORDS. The Receiving and Disposition Officer will be responsible for the preparation and disposition of the following records:

a. Clinical Record Brief to be prepared in duplicate for all patients admitted to Hospital. The original is sent to the ward and the duplicate to the Registrar.

b. Bed Card - single copy sent to the ward.

c. Admission Card - single copy sent to Information Office.

d. Local Deposit - Record of patients' funds and valuables.

e. Baggage and clothing list.

f. Daily Reports:

(1) Admission and Departure Sheet circularized as directed by the Commanding Officer.

(2) Report of hospital bed status to be compiled from ward morning reports and circularized as follows:

Commanding Officer.

Executive Officer.

Adjutant.

Registrar.

Unit Personnel Officer.

Mess Officer.

Chiefs of Services.

Chief Nurse.

Hospital Bulletin Board.

Such others as may be directed by the Commanding Officer.

g. Report of ward transfer and change of status will form a part of the Admission and Departure Sheet.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 10-50)

H. R. NO. 10-50
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

ADMINISTRATIVE

DISCHARGE OF PATIENTS

1. GENERAL. The Receiving and Disposition Officer will supervise the discharge of patients from the Hospital and is responsible for entering the discharge on the admission and departure sheet. The data for this record is obtained from the disposition slip. After entry of the discharge is made, the disposition slip is returned to the Registrar for permanent file.

2. TIME OF DISCHARGE. Patients returned to duty at this command ordinarily will be discharged from their wards at 1:00 P.M. Hours of discharge for other patients will depend on train schedules or other circumstances.

3. ARRANGEMENTS IN ADVANCE OF DISCHARGE.

a. Action regarding disposition of cases, other than on separation from the service or transfer to another hospital, will be initiated by ward officer far enough in advance to permit the completion of the clinical record and disposition form by 2:00 P.M. of the day prior to that on which the patients are to leave.

b. Mess and Post Exchange bills of pay patients about to be discharged from Hospital will, normally, be paid during office hours. In emergency, the Officer of the Day may accept payments and will turn over such amounts, thus collected, to the proper office as soon as such offices are open for business.

c. Actually, many arrangements in advance of discharge are necessary, except in cases being returned to duty. This is especially true of mental cases being transferred to their homes with attendants or to other hospitals with attendants. Boards must be completed, recommended disposition agreed upon with the Chief of Service, authority for the contemplated disposition must be received, attendants arranged for and other details coordinated by ward surgeon, the Adjutant, the Quartermaster, Commanding Officer, Detachment of Patients and the Registrar. With this understanding, procedure for discharge will follow certain general rules as detailed in Paragraphs #70 and #71, Section 7, T.M. 8-260.

4. PROCEDURE FOR OTHER THAN SEPARATION FROM SERVICE OR TRANSFER TO ANOTHER HOSPITAL.

a. Patients on Officer Status.

- (1) Upon completion of treatment the ward officer closes the clinical record by bringing the progress notes up to date, and initiates a single copy of the disposition slip. The clinical record and disposition slip are sent by the ward officer to the chief of the service concerned.
- (2) Upon receipt of the clinical record and the disposition slip, the chief of the service carefully checks the clinical record and makes final decision as to whether the patient should be discharged from hospital. When he is of the opinion that patient requires further hospitalization he returns the papers to the ward officer with a memorandum of instruction. In the event he approves of the discharge, the disposition slip is initialed by him and forwarded to the Adjutant. If board proceedings are necessary the disposition slip is retained by the Chief of Service until such proceedings are accomplished. The board proceedings and the disposition slip are then forwarded to the Adjutant. When the disposition slip is forwarded to the Adjutant, the clinical record is returned to the ward officer with appropriate notations thereon, and is held by him until the patient's discharge is effected.
- (3) Upon receipt of the disposition slip by the Adjutant, orders are requested if necessary. When the necessary orders have been received, or immediately in cases where orders are not necessary, the Adjutant notifies the ward officer to send the patient to the Sergeant Major's office for settlement of his accounts and to acknowledge receipt of his orders. The patient is then discharged from the Hospital. Upon discharge from Hospital, the Adjutant forwards the completed disposition slip to the Receiving and Disposition Officer. The ward officer, when notified by the Adjutant to send the patient to his office for

discharge, closes the clinical record as soon as practicable and sends it to the Registrar.

b. Patients on Enlisted Status.

- (1) Upon completion of the treatment the ward officer closes the clinical record and initiates a single copy of the disposition slip. The clinical record and disposition slip are then sent to the chief of the service concerned. Upon receipt of the clinical record and disposition slip the Chief of Service carefully checks the clinical record and makes final decision as to whether the patient should be discharged from the Hospital. When he is of the opinion that the patient requires further hospitalization he returns the papers to the ward officer with a memorandum of instruction. In the event he approves of the discharge, request for orders for enlisted men are prepared for the signature of the Adjutant and forwarded to the Adjutant's office. The approved disposition slip and clinical record are forwarded to the Commanding Officer, Detachment of Patients, by the Chief of Service.
- (2) Prior to the discharge of enlisted patients other than from command, the Commanding Officer, Detachment of Patients, furnishes the patient with a clearance form, and instructs him to have it initialed by the heads of the departments concerned and return the form to the Detachment of Patients Office, where it is filed in his 201 file.
- (3) Upon receipt of special orders by the Commanding Officer, Detachment of Patients, for enlisted men, or immediately upon receipt of disposition slip in other cases, he notifies the ward officer to send the patient to the office of the Commanding Officer, Detachment of Patients, who secures the necessary transportation for the patients from the Quartermaster; prepares a clearance on Patient's Property Card (W.D., M.D. Form No. 75); instructs the patient to proceed to the baggage room to procure his clothing and return to the office of the Commanding Officer,

Detachment of Patients. He then, on his return, receives his transportation money and valuables on deposit and is discharged.

- (4) The Commanding Officer, Detachment of Patients, retains all disposition slips and clinical records until the patients are discharged. He then causes them to be forwarded by 4:00 P.M. the same day, the completed disposition slip to the Receiving and Disposition Officer, and the clinical records to the Registrar.

5. PROCEDURES FOR SEPARATION FROM SERVICE OR TRANSFER TO ANOTHER HOSPITAL OR TRANSFER HOME.

a. Officers.

- (1) When the Adjutant receives proper military information that an officer patient is to be separated from the service or transferred to another hospital, he notifies the ward officer concerned. The ward officer closes the clinical record, initiates a disposition slip, and sends them together to the chief of the service concerned. The chief of the service carefully checks the clinical record, and if he approves he so marks the disposition slip and returns it to the ward officer. He also approves the clinical record, has prepared from it an abstract to accompany patient being transferred to other hospital, and then transmits the clinical record to the Registrar.
- (2) When the Adjutant is ready for the discharge or transfer of the officer he has the ward officer send the officer with the disposition slip to the office of the Sergeant Major where the officer is required to settle his accounts. When the patient is a litter case or a mental case, accounts may be settled by the Director of Dietetics through the ward officer. The disposition slip then is completed by the Adjutant who notes on the disposition slip the exact time of departure of the officer. The completed disposition slip is forwarded by the Adjutant to the Receiving and Disposition Officer who uses it as his authority to drop the officer from the records of the hospital.

- (3) In the case of an officer who is retired from active service or a reserve officer who is relieved from active duty and remains a patient in the Hospital, the clinical record and disposition slip are disposed of as in (1) above except that no abstract is made. When the actual time of transfer of status has arrived, the Adjutant notifies the ward officer and calls for the disposition slip. He then marks the disposition slip to show the actual disposition of the officer and transmits it to the Receiving and Disposition Office.

b. Enlisted Men.

- (1) When an approved CDD or a request for orders to transfer an enlisted man to another hospital is received by the Commanding Officer, Detachment of Patients, he immediately calls the ward officer concerned, informs the ward officer of the probable date of discharge or transfer of the patient, and requests that the complete clinical record and disposition slip be forwarded as soon as practicable to the chief of the service concerned. The ward officer then completes the clinical record, initiates the disposition slip, and forwards them together to the Chief of Service concerned. The chief of the service carefully checks the clinical record. An abstract of the clinical record for cases transferred to other hospitals is prepared in his office from the clinical record to accompany cases to be transferred. He forwards the approved disposition slip and clinical record to the Commanding Officer, Detachment of Patients, where they are held until the discharge or transfer has been completed.
- (2) The Commanding Officer, Detachment of Patients, proceeds to prepare the necessary final papers for enlisted men and has them ready for delivery to the patient on his discharge or to the hospital to which he is being transferred on the date of transfer.
- (3) On the date that the patient is actually discharged or transferred the Commanding Officer, Detachment of Patients, completed the disposition slip, stating on it whether the patient

is actually leaving this Hospital or remaining under the authority of A.R. 40-590 as a retired enlisted man or as beneficiary of the Veterans' Administration. At the same time he transmits the clinical record to the Registrar.

c. Action by Receiving and Disposition Officer. When the completed disposition slip is received by the Receiving and Disposition Officer from either the Commanding Officer, Detachment of Patients, or the Adjutant, it is his authority for dropping the patient from the records of the Hospital. When the disposition slip shows that patient is remaining in Hospital as a retired officer, reserve officer not on active duty under A.R. 40-590, as a retired man, or as a beneficiary of the Veterans' Administration, he prepares on the following day a new W.D., M.D. Form No. 55A.

6. DISPOSITION BOARD.

a. This Board will be composed of the Chiefs of the Neuropsychiatric Service of Medical and Surgical Services and ward officer concerned.

b. Classes of Patients. Officers, Warrant Officers, Cadets of the U.S. Military Academy, whose physical condition may require action of a Retiring Board, separation from the service, transfer to obtain a more suitable environment, special report to higher authority, assignment to limited duty or transfer to another hospital, and Reserve Officers remaining in hospital after their tour of extended active duty expires, will be brought before the Disposition Board by ward officer concerned. A complete medical history, report of physical condition, and recommendation as to disposition, will be proposed by the ward officer. The proceedings of the Board will show: -

- (1) Diagnosis.
- (2) L.O.D.
- (3) Physical Condition.
- (4) Whether or not hospitalization.
- (5) A complete and concise medical history.
- (6) Whether further medical treatment will or will not be required and, in the event that further medical treatment is required, the reasons therefor and probable duration of such treatment. The proceedings of the Board will be prepared in sextuplicate.

BY ORDER OF COLONEL CHAPPELL:

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

HOSPITAL REGULATIONS)
)
NO. 10-55)

H. R. NO. 10-55
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

ADMINISTRATIVE

POST EXCHANGE REGULATIONS

1. GENERAL. The Post Exchange will be operated under the provisions of A.R. 210-65. The management of the affairs of the Exchange will be conducted by an officer designated "Exchange Officer", who will be in charge of the Exchange and responsible for its management, funds and proper operation.
2. SALES. The Post Exchange Officer will issue the necessary instructions to Exchange personnel to assure that sales and service are made only to individuals authorized to make purchases at Post Exchanges in accordance with Army Regulations.
3. SAFEGUARDING OF FUNDS. The Exchange Officer will take the necessary measures to assure safeguarding at all times of the funds, stocks and property pertaining to the Exchange. The Exchange Officer, or the steward, or a non-commissioned officer of the Exchange will be present in the Exchange during the hours the Exchange is open. The Exchange Officer will designate a non-commissioned officer from the Post Exchange personnel to open and close the Exchange at the designated hours. The non-commissioned officer will be held responsible that the doors are securely locked after closing and necessary lights left burning.
4. CREDIT ACCOUNTS. Credit accounts will be limited to the number authorized and will be granted only on authority of the Commanding Officer. The Exchange Officer will issue credit cards to those authorized, who are not members of this command.
5. EXCHANGE COUNCIL. The Exchange Council will consist of the Commanding Officers, Detachment Medical Department; the Commanding Officer, Detachment Quartermaster Corps; the Commanding Officer, Detachment of Patients; the Commanding Officer, Detachment Finance Department; the Exchange Officer, and such other officers as may be detailed by the Commanding Officer. The Council will meet as prescribed in Army Regulations, at the call of the President and by the direction of the Commanding Officer. The Council will be governed by instructions contained in Army Regulations and other instructions issued by proper authority.

H. R. NO. 10-55 (Cont'd.)

6. BUSINESS HOURS. Business hours for the Post Exchange and its various activities will be as prescribed in Hospital Orders.

7. AUTHORIZED NIGHT LIGHTS. The following lights will be left burning when the Exchange is closed:

- a. One light in the office of the Exchange.
- b. One light in the center of the Exchange store.
- c. One light at each main entrance of the Exchange store.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
NO. 10-60)

H. R. NO. 10-60
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

ADMINISTRATIVE

POST OFFICE

1. The Adjutant will exercise general supervision over the efficiency of the local mail service.

2. The Postmaster will be designated by the Commanding Officer.

3. HOURS. The Post Office will be open daily, except Sundays, from 9:00 A.M. to 12:00 Noon and from 1:00 P.M. to 4:30 P.M., Sundays closed.

4. RECEIPT AND DISPATCH OF MAIL. The Postmaster will keep the time of arrival and departure of the mail posted at the post office in a conspicuous place.

5. DELIVERY OF MAIL.

a. The Postmaster will receive and deliver all mail addressed to the Commanding Officer and to the Adjutant.

b. The Medical Supply Officer, Quartermaster, Laboratory Officer, Post Exchange, Mess and Recreational Officer, and Chief Nurse will designate a responsible person to obtain from the Postmaster, the mail addressed to their departments. The Postmaster will be furnished with the names of the personnel so designated.

c. Officers, Nurses and Civilian personnel may call for their mail in person at the Post Office.

d. Patients' mail will be delivered to the wards by the Postmaster or his assistant and delivered to the nurse or her assistant. In the absence of the nurse, it will be turned over to the Ward Master.

6. TIME OF DELIVERY OF MAIL. All classes of mail will be delivered as soon as possible by the Postmaster.

7. MAIL FOR MENTAL PATIENTS AND PRISONERS. Delivery of mail to mental patients and suspected drug addicts will be made to the Ward Nurse or Ward Master. Such mail will be opened in the presence of the

addressee by the Nurse. This precaution should be exercised especially in the case of packages. If the addressee objects to this procedure, the mail will be turned over to the Custodian of patients' funds and valuables for safe keeping until the addressee is released or other disposition made. Money, valuables or dangerous articles found will be turned over to the Ward Surgeon for deposit with the Commanding Officer, Detachment of Patients. Mail for prisoners should be delivered to the Provost Marshal.

8. ROSTER OF PERSONNEL. All personnel joining this command will furnish the Postmaster with a list of the members of their family who are likely to receive mail through this Post Office. The Postmaster will be given a copy of the admission, departure, and ward transfer sheets daily.

9. CARE IN HANDLING OF MAIL. All persons charged with the delivery of mail are cautioned against tardiness, carelessness, and neglect in handling mail. Care will be taken that all mail is promptly delivered to the proper person or ward nurse or forwarded to his new address. Theft or tampering with any mail is a serious offense, punishable under the Federal Postal laws and the Articles of War. While the Postmaster is, personally, responsible for the delivery of all mail, those persons designated in this regulation to receive mail for others are warned that they will be held liable for any loss of mail after it has been delivered into their custody. After mail has been received in a ward, the Charge Nurse or Ward Master in wards for other than mental patients will see that it is immediately delivered to the addressee. If the patient to whom mail is addressed has been transferred from the ward or otherwise disposed of, the mail will be returned immediately to the Post Office with the proper notations.

10. Out-going mail will be deposited in the box provided at the Post Office. Patients will not visit the Post Office but will deliver their out-going mail to the nurse or Ward Master between 8:00 A.M. and 9:00 A.M., or 1:30 P.M. and 2:30 P.M., daily.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 10-65
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PROFESSIONAL OFFICER OF THE DAY

2. TOUR OF DUTY. The tour of duty for the Professional Officer of the Day will begin at 9:00 A.M. and continue for twenty-four (24) hours. During this period, the Professional Officer of the Day will remain within the limits of the hospital reservation. He will sleep in the room provided for his use and eat his meals in the Patient's Mess. During his tour of duty the Professional Officer of the Day will wear the prescribed brassard on his left arm above the elbow.

- a. The Professional Officer of the Day is charged with the professional care of all patients in hospital during the absence of Ward Officers and will be available for professional advice at all times during his tour of duty.
- b. During the absence of the Receiving and Disposition Officer, he will examine each patient on admission, make the proper ward assignment and prescribe such treatment as may be indicated, until the Ward Officer has assumed charge of the case.
- c. He will assume all duties of the Receiving and Disposition Officer and those of the officer in charge of the pharmacy during their absence.
- d. At times, other than the prescribed office hours of the Out-Patient Section, he will attend patients applying for treatment.

- e. He will make at least two complete inspections of all occupied wards during his tour of duty - one between 7:00 P.M. and 12:00 midnight, and one between midnight and reveille. He will check the patients in each ward during his first visit and during both visits he will observe the condition of seriously ill and disturbed patients, as well as all patients in restraint and locked-in rooms. He will ascertain that the hospital rules regarding conduct are observed; that the ward personnel are on duty in proper uniform, and properly perform their duties. During his inspection, he will note the condition of the wards in regard to police and sanitation and will correct any violation of Hospital Regulations.
- f. He will answer all emergency calls within the reservation promptly and if there is any doubt as to the proper procedure, he will consult with the proper Chief of Service, his assistant or the Ward Officer.
- g. During the absence of Ward Officers, he will determine all cases of death occurring in the hospital during his tour of duty, and will see that the body is tagged with the name and other identifying data; that remains are promptly prepared and promptly removed to the morgue; and that the Death Card (Form #17, D.G.H.) is prepared and transmitted as prescribed. He will make an immediate search of the deceased person's bed, bedside table, and of the Ward for clothing, money, valuables, or other effects belonging to the patient. Any money or valuables found, will be itemized on the local deposit form, in duplicate, and the form signed by him. This search, ordinarily, will be made in the presence of a witness who will, also, sign the form. After this action, the forms, together with any money or valuables found, will be delivered as soon as possible to the Custodian of Patient's Fund and Valuables, who will receipt and return the duplicate to him and file the original. Clothing and effects, other than money and valuables that are found, will be listed on Patients' Property Card, No. 75, M.D., in duplicate, which will be signed by the officer making the search, after which one form, together with such clothing and effects found, will be delivered to the Patient's Baggage Room. The duplicate will be delivered to the Commanding Officer, Detachment of Patients. Should the death occur outside of office hours, he will retain the Death Card in his personal possession and inform the Administrative Officer of the Day so that immediate action may be taken to transmit the necessary notifications. He

will, personally, deliver the Death Card to the Registrar the following morning. See, also, H.R. 15-20; 15-30 and 15-10.

- h. He will report to the Administrative Officer of the Day every violation of Hospital Regulations noted, together with the action taken by him. In case of emergency, when the Administrative Officer of the Day is already occupied or in need of assistance, the Professional Officer of the Day will be notified and he will take such action to assist the Administrative Officer of the Day as may be necessary.
- i. When the night noncommissioned officer reports in person, in compliance with regulations, the Professional Officer of the Day will instruct him in regard to any specific duties he should perform in addition to his routine duties.
- j. He will be responsible that funds, valuables and dangerous weapons of the patients admitted by him are listed and turned over to the Custodian of Patients' Funds and Valuables as prescribed in Hospital Regulations 15-30.
- k. During the absence of the Receiving and Disposition Officer or the Ward Officers of Mental Wards, all patients admitted to these wards will be searched by him in accordance with Hospital Regulations. The search of the patient, when possible, will be conducted at the Receiving Office. All money and valuables, including watches and rings, all dangerous articles, such as knives, pins, scissors, steel nail-files, other sharp and dangerous articles, firearms, drugs, etc., will be removed from the patient. This search will include baggage, but in the cases of officers, nurses, seriously ill and disturbed cases must not delay admission to the ward. A casual search is useless; it must be complete, but conducted tactfully.
- l. Transfers of patients from one ward to another, during the absence of persons authorized to approve them, will be countersigned by him.
- m. During the absence of the Receiving and Disposition Officer, he will regulate the ambulance service of this hospital.

- n. He will take such other steps as he may consider necessary to insure the proper care and treatment of patients during the absence of the Chief of Services and of Ward Officers.

4. RECORD OF TOUR. The Professional Officer of the Day will, upon completion of his tour of duty, record on Form No. 38, D.G.H., the following data and submit it to the Commanding Officer at the expiration of his tour of duty:

- a. Date of tour.
- b. Time of his inspections.
- c. Record of out patients attended.
- d. Calls received from wards, noting the name of patient attended, the ward and treatment prescribed.
- e. Remarks relating to deaths and attendant circumstances.
- f. Names of patients and designation of wards of all seriously ill cases admitted or developing during his tour of duty.
- g. Serious cases attended and treatment administered.
- h. Any matter he considers of interest to the Chief of any Professional Service at this hospital.
- i. Record of ambulance calls during his tour of duty.
- j. He will keep the information office informed of his whereabouts.

5. ALTERNATE OFFICER OF THE DAY. A Medical Officer will be detailed as Alternate Professional Officer of the Day. The officer so detailed will, ordinarily, be the officer detailed as Professional Officer of the Day for the day following. He will keep himself available for duty as Professional Officer of the Day in emergency.

6. ASSISTANT TO THE PROFESSIONAL OFFICER OF THE DAY. From time to time an officer will be detailed as Assistant to the Professional Officer of the Day. When an officer is so detailed, he will report at 9:00 A.M. to the Professional Officer of the Day who will fully instruct him in all duties pertaining to his office. The Assistant to the Professional Officer of the Day will sleep in a room provided for him and his tour of duty will be for a period of twenty-four hours. He will take his meals in the Patient's Mess.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 10-70
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

WARD ADMINISTRATION

a. Ward Officers are appointed by Chief of Service or Section.

- (1) Charge of Ward to which assigned.
- (2) Care, comfort and prescribing for patients.
- (3) Serving of diets to all patients.
- (4) Supervision of nurses, enlisted men and other ward attendants.
- (5) Responsibility for and care of all government property.
- (6) Sanitary supervision of Ward and surrounding area.
- (7) Discipline and general conduct of Ward.

d. Interviews. Press interviews or photographers may be authorized by the following personnel only:

- When such interviews are granted, strict privacy will be assured.

Note: Such interviews with mental patients will not be granted except upon express permission of the Commanding Officer.

e. Uniform. Ward Officers will see that all men on duty in wards are provided with fatigue uniforms which must be worn while scrubbing or doing such work as would excessively soil white clothing. When not actually engaged in such work, the white uniform, including the blouse, will be worn. The wearing of operating gowns by enlisted men is prohibited except when actually engaged in, or assisting in, the application of surgical dressings, or the performance of therapeutic or diagnostic procedures, the nature of which requires such a covering, and when engaged in the care of patients with communicable diseases and a gown is prescribed by the Ward Officer. Attendants in the operating room, surgical dressing rooms, clinics, laboratory, etc., will wear the operating gown only when on duty within their various departments and when accompanying patients to and from the operating room, dressing rooms, etc.

f. Control and Medication of Patients.

- (1) Printed rules for patients will be kept on the bulletin board of open wards. Ward Officers will assure themselves that patients have read and understood these rules.
- (2) Ward Officers will investigate all patients' complaints and take the necessary action.
- (3) Every effort will be made to preserve the privacy of patients as far as possible. In the open wards, seriously ill patients, those undergoing surgical dressings, diagnostic or therapeutic examinations or proceedings, while being bathed, or using the bed pan, will be screened.
- (4) Medicines and medical treatment will be prescribed only by Medical and Dental Officers, and they will sign the orders. A record known as the Ward Order Book, in which all orders for treatment, nurses' notes, etc., will be kept. All doses of drugs will be written in the metric system. All medicines will be measured and given by the nurse.
- (5) Hot water bags will be applied by nurses only.

g. Alcohol, Alcoholics and Narcotics. Phenol, bichloride of mercury, other active poisons, all narcotics, including fluid extract cannabis indica, alcohol and alcoholic liquors and other habit forming drugs to include the barbiturates, will be kept securely locked and amounts on hand limited to actual necessity. Chiefs of Service will

designate in writing in the Ward Narcotic Book, the amount of Morphine, Codeine and other narcotics which the Ward is authorized to keep on hand. Alcoholic liquors and narcotics will be checked and initialed in the Narcotic Register by the Ward Officer or his commissioned assistant, on the 10th, 20th and last day of each month. Shortages will be investigated and reported to the Chief of Service. Disinfectants, such as formalin, cresol, etc., and medicines for external use only, will not be kept on the same shelf or in the same medicine cabinet as medicines for internal administration.

h. Ward Attendants. Ward Attendants will be designated by the supervisor of Hospital police and personnel, one of whom will be designated as Ward Master. He will have general charge of the Ward Attendants under the supervision of the Ward Officer and Ward Nurse.

i. Property.

- (1) Ward Officers are responsible for all property in their wards. Transfer of property will be in accordance with Army Regulations. If no shortage is discovered, the succeeding officer will sign and forward the receipt to the Medical Supply Officer without delay. When a shortage exists, report will be made to the Medical Supply Officer who will adjust such discrepancies as are possible and place the remainder on a report of survey to be signed by the former Ward Officer. Overages will be reported to the Medical Supply Officer for adjustment.
- (2) All property will be checked on the first regular working day of each month and all overages and shortages reported to the Medical Supply Officer.
- (3) Requisitions for supplies will be signed by the Ward Officer and forwarded to the Medical Supply Officer not later than noon Monday of each week. One week's supply, only, will be requisitioned at one time. Requests for purchase of non-standard supplies will be made through the Chiefs of Services.
- (4) All typewriters on the Wards will be kept habitually in the Ward Office. No patient or attendant will be allowed to operate a typewriter unless designated to do so by the Ward Officer.

j. Seriously Ill Patients. Ward Officers will keep a list of all seriously ill patients in their wards. This list will be conspicuously displayed at all times on the nurse's desk and checked daily by the Ward Officer. Patients who are no longer seriously ill, will be reported on the proper form to their Chief of Service and Registrar and their names will be removed from the list.

k. Records and Reports. Ward Officers are responsible for the preparation and accuracy of the following records and reports:

(1) Records.

- (a) Clinical Record.
- (b) Seriously Ill List.
- (c) Narcotic Record.
- (d) Ward Order Book.
- (e) Nurses' Medication List.

(2) Reports.

(a) Daily.

- 1. Ward Morning Report.
- 2. Diet List.
- 3. Regular Pass List for open wards only.
- 4. Special Pass List for open wards only.

(b) Weekly.

- 1. Requisition for Medical Supplies.
- 2. Report of Communicable Disease.
On Saturday of each week, a report on proper form of all communicable diseases, not previously reported will be submitted to Chief of Service concerned for transmission to the Registrar. This report will include cases up to midnight of the preceding Friday.

(c) Monthly.

- 1. Overage and shortage of supplies.
- 2. Monthly report of Ward to Chief of Service.

(d) Occasional.

- 1. Seriously ill report and removal from seriously ill report.

2. Report of Death.
3. Disposition Form.
4. Recommendation for discharge for disability.
5. Reports to Registrar when placing patients under the provision of A.R. 35-1440, and removal from same. This will be covered by the diagnosis slips routinely forwarded in such cases.
6. Report of cases of fraudulent enlistment.
7. Diagnosis Card.

1. Report of Diagnosis.

- (1) Diagnosis slips covering all cases of venereal disease, alcoholism, or misconduct, in which loss of pay under A.R. 35-1440 is involved, will be forwarded to the Registrar through Chief of Service as soon as diagnosis is made.
- (2) Diagnosis will conform as far as practicable to the nomenclature of diseases set forth in A.R. 40-1035.
- (3) A duplicate copy of all diagnosis slips will be filed in the clinical record immediately behind the first sheet.

m. Weekly Statistical Report. The Weekly Statistical Report will be prepared by the Registrar in conformance with Paragraph #2, A.R. 40-1080. To enable him to do this the officers in charge of the infectious disease section and Genito-Urinary Section will submit each Saturday morning at 9:00 A.M., the required information concerning cases of infectious disease on his section during the current week ending Friday at midnight. Other Section Chiefs and the Chief of the Neuropsychiatric Service will forward diagnosis cards on all cases of infectious diseases immediately upon the establishment of such diagnosis. Upon the cure of such disease, a diagnosis slip, recording such cure and the date of same will be forwarded at once to the Registrar, unless such cure coincides with the patient's discharge, in which case the Clinical Record will suffice.

n. Catheterization Tray. The operating room will maintain constantly, ready for use, a Catheterization Tray. Ward Surgeons will send to the operating room when this tray is needed. It will be returned after use. It will contain the following articles:

- (1) Card of Instructions.
- (2) Tray.
- (3) Rubber Catheters - Size 18 - 22 F.
- (4) Syringe Bulb.
- (5) Two Medicine Glasses.
- (6) Hemostat Curved.
- (7) Two E. W. Bowls.
- (8) Bottle 250 cc - green soap.
- (9) Bottle 240 cc - denatured alcohol.
- (10) Package - Sterile Gauze, 4 x 4.
- (11) One Package Sterile Towels.
- (12) 120 cc Sterile Mineral Oil.
- (13) 60 cc 1% aqueous mercurochrome.

o. Enema Tray. The following standard Enema Tray assembly is prescribed, one for the open wards and one on the 2nd, 3rd and 4th floors for mental patients:

- 1 Pitcher, aluminum. (Item No. 73540.) If this pitcher is not available, another type of small pitcher may be substituted.
- 1 Irrigator, enamelware. (Item No. 78220.)
- 1 Colon Tube. (Item No. 38685.)
- 1 Metal Box containing approximately 100 grams of petrolatum.
- 6 Tongue Depressors.
- 1 Piece of rubber sheeting 18" x 36". (Item No. 79000.)
- 1 Bed Pan Cover, fabric, to be spread over equipment.
- 1 Bed Pan Cover, fabric, to be used as cover for trays.
- 1 Roll of toilet paper.

Such other articles as may be prescribed by the Ward Officer. (All the above articles will be kept neatly arranged on a serving tray (Item No. 74270) and available for use at all times.)

p. Serving of Diets. Upon arrival of the food cart in the ward, diets will be served as soon as possible in order to insure hot food reaching the patients. Food will be kept heated in the carts while serving by connecting the cart with the proper electric plug outlet. Before serving food, the trays will be set up with bread, butter, milk, etc. Coffee cups will be heated before filling.

q. Procedure for Discharge of Patients. See H. R. No. 10-50.

H. R. NO. 10-70 (Cont'd.)

r. Bed Pans and Urinals will not be kept at patient's beds or in their rooms unless this is necessary, as a part of the care of patients. When this is necessary, they will be kept on stands and covered.

s. Patients and personnel will be trained to refrain from throwing trash, linen, matches, etc., in toilet flush bowls.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M. C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 10-75)

H. R. NO. 10-75
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

ADMINISTRATIVE

AMERICAN NATIONAL RED CROSS

1. GENERAL PROVISIONS. The American National Red Cross maintains an organization at the Hospital to further the welfare of patients and personnel of all classes.

2. ORGANIZATION. The organization is in charge of a Field Director, who has three essential activities - Medical Social Service, Service to the Men of Military Forces and Recreation. Members of the staff assigned to her office are immediately responsible to the Field Director.

3. FIELD DIRECTOR. The Field Director is appointed by the American National Red Cross. She is responsible for the operation of the approved program.

4. MEDICAL SOCIAL SERVICE.

a. The Medical Social Service Division of the American Red Cross is prepared to carry out the following procedures, each of which is an essential part of the care and treatment of certain classes of patients:

- (1) Refer patient for medical supervision after discharge.
- (2) Arrange for patient and family to carry out medical recommendations for patient at home, If necessary, advise regarding domiciliary care.
- (3) Request Red Cross Chapter to obtain social history from patient's family when requested by the ward surgeon.
- (4) Discuss possibility of vocational rehabilitation.
- (5) Refer family or patient to a relief agency if necessary.

- (6) Arrange for examination of contacts of tuberculosis, syphilis, gonorrhea, etc., in home surroundings.
- (7) Consider problems incident to obtaining eye glasses, orthopedic appliances, etc., not furnished by the Government.
- (8) Assist obstetrical patients in following recommendations for prenatal care and discuss problems concerning infant care.
- (9) In addition, this division is ready to assist Ward Officers and patients in any matters pertaining to patient's social welfare.

b. The services of the Medical Social Service Division will be utilized to the fullest extent. When the services of the Medical Social Service Division are desired in connection with the care or treatment of a patient, the Ward Officer or his commissioned assistant, a request showing the service desired will be transmitted to the Field Director.

5. SERVICE TO MEN OF MILITARY FORCES. This service assists in the adjustment of social and personal difficulties, thus strengthening official, family and civilian contacts. This service may be obtained for military personnel by verbal request to the Director.

6. RECREATION. The Recreation worker is responsible to the Field Director for the initiation, supervision and coordination of such medically approved recreational activities for patients in Hospital as may be beneficial to their morale and welfare.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 10-80
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

INSPECTIONS, GENERAL

2. INSPECTION BY WARD OFFICERS, ETC. Chiefs of Professional Services will hold Chiefs of Sections and Ward Officers responsible for the police and sanitation of their clinic rooms and wards. With this object in view, Chiefs of Services will require them to make daily inspections of their wards, clinics, etc., and to take immediate action to correct any irregularities discovered. One inspection will be made in the forenoon and another in the afternoon, except on Sundays and holidays, when the afternoon inspection may be omitted.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 10-85
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

QUARTERMASTER CORPS

2. DUTIES IN GENERAL. In general, the duties of Post Quartermaster, insofar as they concern the different activities of the Quartermaster Corps at this Hospital, will be as follows:

- a. (1) The administrative and disciplinary control over all personnel, both civilian and enlisted, of the Quartermaster Corps, on duty at this Hospital.
- (2) The procurement, storage, issue of and accounting for all supplies and equipment necessary for the command and maintenance and operation of the Hospital, with the exception of those supplies and equipment properly procured, stored, issued and accounted for by the Medical Supply Officer.
- (3) Maintenance and operation of the Commissary and Sales Room.
- (4) The issuance of travel requests on competent orders for personnel of this command and for freight and express shipments from this station.
- (5) The operation of the baggage service for this station.
- (6) The maintenance, repair and operation of all motor transportation. For this purpose, he will have administrative control over such enlisted men of the Medical Department and civilian employees of the Medical Department, as may be attached for duty in connection with the operation of transportation.

- (7) The collection and disposition of all salvage and waste materials.
- (8) The Commanding Officer of the Detachment Quartermaster Corps.
- (9) Such other duties as may be specifically assigned him from time to time by the Commanding Officer.

3. QUARTERMASTER SUPPLIES. The following instructions will govern in the handling of supplies:

a. The Quartermaster is charged with the procurement of such supplies and equipment of the Quartermaster Corps as are required for the proper supply and equipment of the Detachments Medical Department, Quartermaster Corps and Patients; also, for the maintenance and operation of all activities of the Quartermaster Corps.

b. The following will govern all issues of supplies and equipment by the Quartermaster:

- (1) Clothing required for enlisted men will be issued on requisition submitted by the organization commander on QMC Form 409 for bulk issues and AGO Form 35 for individual issues. These requisitions will be prepared in duplicate and, in the case of bulk issues, will be submitted to the Commanding Officer of the Hospital for approval prior to issue of clothing thereon. After issues have been effected the forms will be completed by the Quartermaster and the duplicate copy returned to the organization commander for file with his records for the action of the Inspector, the original, after signature by the organization commander, being retained by the Quartermaster as a credit voucher to his accounts.
- (2) Non-expendable supplies and equipment other than clothing need not be covered by formal requisition, but will be issued on informal request. Issues will be made on QMC Form 487, which will be prepared in duplicate, the original being signed by the person to whom issues are made and retained by the Quartermaster, and the duplicate delivered to the responsible person.

- (3) All issues of expendable supplies and equipment will be made on requisitions submitted in duplicate and approved by the Commanding Officer of the Hospital as follows:

(a) Issues of cleaning material, stationery, etc., will be made quarterly on requisitions submitted in duplicate on QMC Forms 411, 412, 413 and 414, and approved by the Commanding Officer of the Hospital. Requisitions for these supplies will be based on allowance announced from time to time in Orders and Tables of Allowances. The original of these requisitions, after issues have been affected and receipts obtained, will be used by the Quartermaster as a credit voucher to his accounts, the duplicate being returned to the requisitioning officer for the records of his office.

(b) All other issues of expendable articles will be made on QMC Form 400, submitted as occasion demands. These requisitions will be approved by the Commanding Officer and disposed of as provided for in (a) above.

c. The following instructions will govern the receiving of supplies and equipment by the Quartermaster from organizations and individuals:

- (1) When it is desired to turn in serviceable non-expendable property, it will be presented to the Quartermaster who will credit the responsible person therefor on QMC Form 487. When unserviceable and non-expendable property is to be turned in, it will be accompanied by a certificate or affidavit of the responsible person setting forth the circumstances by which it was rendered unserviceable and upon which the responsible person will rely to relieve himself of the responsibility for the unserviceable condition of the property.
- (2) All other property will, when no longer required, be turned in to the Quartermaster, accompanied by a list of such property and, in the case of clothing of enlisted men, the list will contain the name and organization of

the enlisted men to whom the clothing pertains. One copy of this list will be authenticated by the Quartermaster and returned to the organization commander for file with the records of enlisted men for the action of the Inspector.

- (3) All supplies received by the Quartermaster by transfer from other stations and by local procurement will be received and handled in accordance with existing regulations.

4. COLLECTION AND DISPOSAL OF SALVAGE AND WASTE MATERIALS.

The following instructions will govern the collection and disposition of salvage and waste materials at this station:

a. The Quartermaster, acting in the capacity of Salvage Officer, is charged with the collection and disposition of all salvage, waste materials and unserviceable supplies accumulating at this station and will be guided in the performance of these duties by current War Department Regulations and Orders governing the collection and disposition of this class of supplies.

b. Existing regulations governing this class of supplies require that all unserviceable articles of public property, both expendable and non-expendable, be collected and turned over to the local Salvage Officer for disposition. Strict observance of such regulations and the following will be had to insure that all such property is properly collected and disposed of.

- (1) Non-expendable property stored and issued by the Quartermaster Corps, when unserviceable, will be turned over to the Quartermaster accompanied by a certificate of affidavit of the responsible officer or person (in quadruplicate) setting forth the circumstances by which the property was rendered unserviceable and upon which the responsible officer or person will rely to relieve himself of the responsibility therefor. Property of this class stored and issued by the Medical Department will be turned over to the local Medical Supply Officer in accordance with existing regulations.
- (2) All expendable articles of public property when unserviceable or no longer required, and all collections of waste materials will be turned over to the Salvage Officer (the Quartermaster)

accompanied by a list of such, showing the quantity of each article delivered.

- (3) (a) All salvage and waste materials received by the Salvage Officer will be disposed of in accordance with existing regulations and to the best interest of the service. Special vigilance will be had to insure that the interest of the service is safeguarded in disposing of such public property as may come into his hands through the salvage activities.

- (b) Garbage of messes will be collected by the State Farm under agreement with the Hospital.

5. TRANSPORTATION. The Quartermaster is responsible for the maintenance and operation of all motor transportation at this station, consisting of ambulances, passenger vehicles, trucks, etc., and for the issuance of such requests for rail transportation as are required for the travel on competent orders of personnel of the Hospital, including patients returning to duty, etc.; also, for the preparation and arrangement of shipment of all freight or express shipments, including public and personal property, the shipment of which is authorized by regulations.

a. Rail Transportation. The following instructions will govern the issuance of rail transportation to personnel departing the Hospital and the preparation and shipment of household goods and other property from the Hospital:

- (1) (a) The Quartermaster will, upon receipt of competent orders, issue transportation requests to cover such rail transportation and sleeping car accommodations as required for personnel departing the Hospital. He will be guided in the issuance of such transportation by instructions contained in Army Regulations.
- (b) All individuals contemplating travel on an official status should acquaint themselves with instructions contained in Army Regulations.
- (c) The Quartermaster will, in addition to the issuance of transportation requests for travel and sleeping car accommodations,

including dependents where authorized, make all necessary reservations whenever requested to do so by the traveler.

(d) The Quartermaster will, in the case of movement of tubercular, insane and other patients, prepare itineraries, secure through reservations and make such arrangements with the carriers as are necessary to insure the utmost comfort for the travelers.

(2) (a) Whenever the shipment of remains with an attendant is authorized, the Quartermaster will issue the necessary transportation requests to cover the transportation of the remains and attendant as provided in Army Regulations.

(b) Whenever the shipment of remains by express is directed, the Quartermaster will make the necessary arrangements for shipment.

(c) The Undertaker employed under contract by the Quartermaster will be held responsible under his contract that all remains for shipment are prepared in accordance with existing laws.

(3) (a) Upon receipt of orders for permanent change of station by personnel of the Hospital possessing household goods and other personal property requiring packing and crating prior to shipment, application will be made at once to the Quartermaster for the necessary packing and crating. Such application should be made to the Quartermaster at the earliest possible date after receipt by individual of orders, accompanied by five copies of orders for change of station, in order that arrangements may be made for the packing and crating, thereby avoiding unnecessary delay.

(b) All packing and crating of public property for shipment will be accomplished under the supervision of the Quartermaster.

- (4) (a) All public property for shipment from this Hospital will be turned over to the Quartermaster for shipment, accompanied by request for shipment, containing the proper address of consignee and such other information as is necessary for him to take intelligent action and insure shipment.
- (b) Upon completion of the packing and crating of household goods and other personal property of personnel changing station, such goods will be immediately marked with the proper address of the consignee and to show the weights and cubic measurements of packages; these will be listed in Shipping Ticket (Form No. 434 QMC) and disposed of as required by Regulations. A Certificate of Personal Property Shipped will be prepared on Form No. 219 QMC, in duplicate. A complete file covering all shipments made by the Quartermaster will be maintained in his office.
- (c) The Quartermaster will be governed in handling the shipment of personal property by instructions contained in Army Regulations.

b. Motor Transportation. The following instructions will govern the use and operation of the motor transportation of this Hospital. (See also H.R. NO. 35-5.)

- (1) No motor transportation will be furnished for other than official business and for such recreational purposes as may be approved by the Commanding Officer, and will be furnished on the orders of the following only:
 - (a) Any or all by the Commanding Officer, Executive Officer, Adjutant, or in his absence, by the Administrative Officer of the Day.
 - (b) Ambulances by an officer of the Receiving and Disposition Office or the Professional Officer of the Day.
 - (c) The passenger vehicles assigned to the Out-Patient Service by an officer of that service.

- (d) The trucks by the Quartermaster or Chief Clerk acting for the Quartermaster.
- (2) For the purpose of proper operation and maintenance of the motor transportation, the Quartermaster will utilize to the best advantage such enlisted personnel of the Quartermaster Corps as may be available and the enlisted personnel of the Medical Department attached for duty in connection therewith. A suitable non-commissioned officer will be assigned to duty as assistant to the Quartermaster and non-commissioned officer in charge, whose duty it will be to see that all duties of the personnel attached to this service are properly and efficiently performed, reporting immediately any irregularities or inattention to duty to the Quartermaster. This non-commissioned officer will, also, be held responsible for the assignment to specific duties of all such personnel and the care and proper use of such equipment and supplies as are issued for the maintenance and operation of the motor transportation.
- (3) All supplies and equipment required in connection with the operation of the motor transportation will be personally obtained from the storeroom by the non-commissioned officer in charge of transportation. No issues of this class of equipment or supplies will be made to any other person. All tires issued will be issued and signed for by serial number. The non-commissioned officer in charge of the Quartermaster storeroom will maintain a record showing the make and serial number of all tires issued to and turned in by the non-commissioned officer in charge of transportation.
- (4) Such dispatches and drivers as are necessary to insure that all emergency calls for ambulances and the cars of the Out-Patient Service may be promptly responded to will be on duty at all times, including the night hours.
- (5) All operators of motor vehicles will be instructed in their operation, and will be required to have a thorough knowledge of the rules of the road and speed limitations.

Speed limits prescribed locally, even though less than those prescribed in the Training Regulations will not in any case be exceeded and any violation of regulations governing the use or operation of motor vehicles will be promptly reported to the Quartermaster who will take proper action to secure the punishment of the offender and to prevent a possible recurrence.

- (6) No baggage or other freight will be transported in ambulances. All requests for handling of baggage should be in the office of the Quartermaster by 12:00 noon in order that the baggage may be handled on date of request.
- (7) The required inspections of the motor vehicles of the command will be made as prescribed by Paragraph #26, A.R. 850-15.
- (8) The non-commissioned officer in charge of the garage will be held responsible that all drivers of motor vehicles have in their possession at all times when on duty, at least one Standard Form No. 26, Driver's Report of Accident, on which report will be prepared by driver and submitted to the Quartermaster immediately after each accident, no matter how trivial. Care will be taken to insure that all information called for on this form, including the name and address of owner and driver of other vehicle in case of collision, also, the names and addresses of witnesses, are legibly entered thereon and that the form is completely accomplished. Upon receipt of the Driver's Report of Accident, the Quartermaster will immediately make a thorough investigation of the accident and submit a report of accident to the Commanding Officer for action as required by A.R. 850-15.
- (9) All enlisted men assigned to duty as drivers of motor vehicles will be sent to the local office of the Kentucky State Patrol, for the prescribed state examination, after which they will be issued a Government Operator's Permit on QMC Form 228, which will be retained in their personal possession at all times when engaged in the operation of motor vehicles. The Quartermaster will be held responsible for the

proper examination of all enlisted men assigned to duty as drivers, and the issuance to them of the Prescribed Government Operator's Permit. When a driver is permanently relieved from duty requiring him to have in his possession such permit, the same will be turned in to the Quartermaster.

- (10) Civilian chauffeurs will obtain a State Operator's Permit before being employed and before issuance of a Government Operator's Permit.
- (11) A copy of the Motor Vehicle Laws of the State of Kentucky will be issued to each driver of a government motor vehicle. He will be required to read and understand such sections of their laws as are prescribed for operating of motor vehicles in Kentucky.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 10-90
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

SIGNAL CORPS

Each telephone in the Hospital will be placed in one of the foregoing classes, such designations to be made from time to time in Daily Orders.

All city business or long distance calls transacted over the telephone in class (A) will be considered official business.

All Commissioned Officers are permitted class (B) telephones over which personal service to the City of Danville only is authorized. Commissioned Officers are allowed personal long distance calls in cases of urgent necessity and will have the charge made against their residence telephone extension.

Enlisted men or civilian employees will not use class (A) telephones for personal calls.

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HOSPITAL REGULATIONS)
)
NO. 10-95)

H. R. NO. 10-95
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

EMERGENCY CALLS

Fire Call
Air Raid Messages
Emergency Assembly

1. Blasts of the Central Heating Plant whistle will indicate Fire Calls, Air Raid Messages and Emergency Assembly in compliance with the following table. All personnel, military and civilian, will memorize these calls.

FIRE CALL

ZONE I - One long blast followed by one short blast.
ZONE II - One long blast followed by two short blasts.
ZONE III - One long blast followed by three short blasts.
ZONE IV - One long blast followed by four short blasts.
ZONE V - One long blast followed by five short blasts.
ZONE VI - One long blast followed by six short blasts.

Recall - One long blast.

AIR RAID MESSAGES

Calls for Alerts and Blackouts

- I Air Raid Message - Yellow - Preliminary Caution
 Two long blasts - interval 20 seconds, repeat
 two long blasts once.
- II Air Raid Message - Blue - Lights Warning
 Three long blasts - interval 20 seconds, repeat
 three long blasts once.
- III Air Raid Message - Red - Action Warning
 Four long blasts - interval 20 seconds, repeat
 four long blasts once.
- IV Air Raid Message - White - Raiders Passed
 One long blast - All clear signal.

EMERGENCY ASSEMBLY

I Four short blasts - interval - Repeat four short blasts once.

Recall - One long blast.

Note - Long blast - 10 seconds

Short blast - 5 seconds

Interval between series of blasts - 20 seconds.

Intervals between blasts of any single call as between the three blasts of Air Raid Message - Blue will be 3 seconds.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloysius Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 10-100
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

EMERGENCY ASSEMBLY

1. Emergency assemblies are for the purpose of assembling all available men to meet emergencies which may arise other than Fire, Alerts, and Blackouts.
2. The Commanding Officer, Detachment Enlisted Men, will be in charge of Emergency Assemblies; in his absence, the Administrative Officer of the Day.

3. EMERGENCY CALL.

Four short blasts of the whistle repeated once with an interval of 20 seconds.

Recall: One long blast of the whistle.

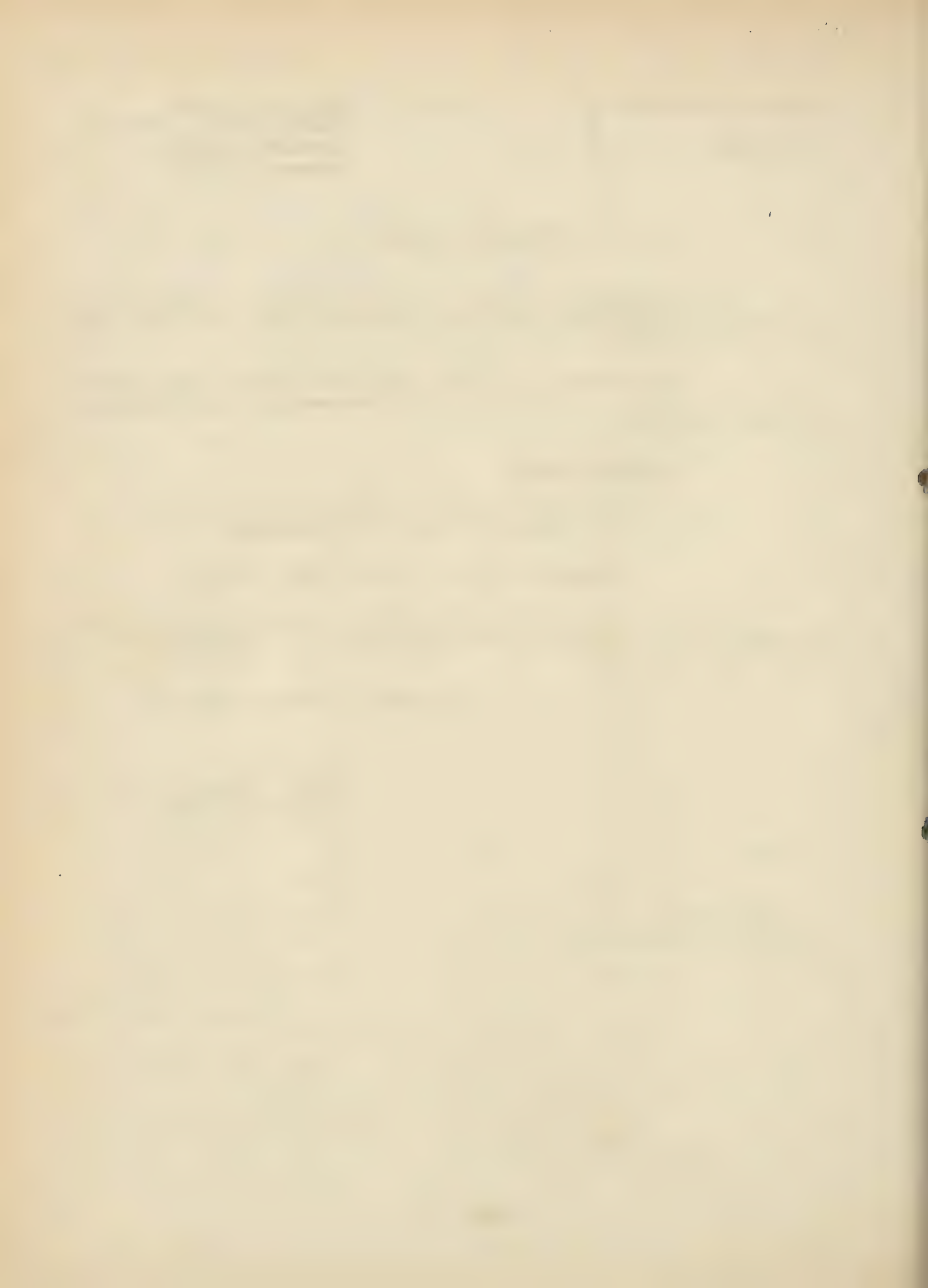
4. Upon the sounding of an Emergency Assembly, all military personnel, except nurses, not performing duty will assemble in front of the Fire Department.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.



HOSPITAL REGULATIONS)
)
NO. 10-105)

H. R. NO. 10-105
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

1. The following listed Darnall General Hospital blank forms are available for issue to departments desiring them:

DGH Form No. 1, Nurses' Medication List, "B"
DGH Form No. 2, Daily, Report, Strength of Command, "A"
DGH Form No. 3, Proceedings of Disposition Board, "A"
DGH Form No. 4, Abbreviated Clinical Record, "C"
DGH Form No. 5, Report of Non-Commissioned Officer in Charge of Quarters, "A"
DGH Form No. 6, Menu, "A"
DGH Form No. 9, List of Seriously Ill, "A"
DGH Form No. 10, Statement of Hospital Charges, "B"
DGH Form No. 11, Patient's Deposit Certificate, "B"
DGH Form No. 12, Ward Transfer Slip, "L"
DGH Form No. 13, Data for Certificate of Disability for Discharge, "B"
DGH Form No. 15, Report of Seriously Ill Case, "A"
DGH Form No. 16, Report of Removal from Seriously Ill List, "A"
DGH Form No. 17, Death Card, "A"
DGH Form No. 18, Patient's Disposition Form, "B"
DGH Form No. 20, Pass List for Ward, "C"
DGH Form No. 21, Pass, "C"
DGH Form No. 23, Died - Tag, "A"
DGH Form No. 24, Diagnosis Slip, "A"
DGH Form No. 25, Operation List, "B"
DGH Form No. 26, Visitor's Pass, "C"
DGH Form No. 27, Bed Card, "B"
DGH Form No. 28, Transfusion Record, "C"
DGH Form No. 30, Diet Card, "B"
DGH Form No. 32, Mess Stock Record Card, "A"
DGH Form No. 33, Bed Report, "A"
DGH Form No. 36, Report of Communicable Diseases, "A"
DGH Form No. 37, Report of Administrative Officer of the Day, "A"
DGH Form No. 38, Report of Professional Officer of the Day, "A"
DGH Form No. 40, Monthly Overage and Shortage Report, "C"
DGH Form No. 41, Privilege Card, "A"
DGH Form No. 43, Work Order - Medical Supply Officer, "B"
DGH Form No. 46, Blood Donor Record, "C"
DGH Form No. 48, Daily Attendance Report, "A"
DGH Form No. 50, Request for Barber Service, "C"
DGH Form No. 52, Affidavit, "A"

DGH Form No. 55, Issue Ticket - Medical Supply Officer, "A"
DGH Form No. 57, Clothing of Discharged Soldier, "B"
DGH Form No. 58, Record of Admission, "A"
DGH Form No. 61, Patient's Baggage Room Clothing Check, "A"
DGH Form No. 62, O.P.S. Work Sheet, "A"
DGH Form No. 63, Animal Inoculation Record, "C"
DGH Form No. 65, Daily Consolidated Report of the Mess, "A"
DGH Form No. 66, Doctor's Order Sheet, "A"
DGH Form No. 67, Admission Card, "A"
DGH Form No. 68, Narcotic Register, "A"
DGH Form No. 69, Patient's Criticisms, "B"
DGH Form No. 71, Consolidated Report of Rations (Daily)
DGH Form No. 76, Custodian of Funds, "A"
DGH Form No. 77, Home Visit Outpatient Service, "B"
DGH Form No. 78, Nurses' Daily Report, "B"
DGH Form No. 81, Patients' Mess Table Card, "C"
DGH Form No. 84, Food Handler, "A"
DGH Form No. 85, Patients' Police Detail, "C"
DGH Form No. 86, Officer of the Day Detail, "A"
DGH Form No. 87, Hospital Status, "C"
DGH Form No. 88, Report of Unusual Occurrence, "B"
DGH Form No. 89, Door Card, "C"
DGH Form No. 90, Numerical Report of Patients, "B"
DGH Form No. 91, Medical Supply Price Inquiry Sheet, "C"
DGH Form No. 92, Questionnaire, "C"
DGH Form No. 94, Proceedings of a Neuropsychiatric Board, "A"
DGH Form No. 95, Laundry Exchange List.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloysius Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

ALERTS AND BLACKOUTS

1. GENERAL. Alerts or blackouts occurring upon air raid warnings must be conducted without confusion and in a systematic manner. To accomplish this, all personnel must be familiar with these Regulations and know where they are to report and the duties they are to perform. During blackouts ward personnel will use every precaution to reassure patients, prevent panic, escape or self destruction of patients. Patients in closed rooms will be specially watched.

2. DEFINITIONS.

a. Alerts. This term is used to designate the status of an area or district when an appropriate military commander decides that it is vulnerable to bombardment. An alert exists, therefore, when it is considered by such commander that the enemy is capable of delivering an effective attack upon it.

b. Blackout. Noun - A condition under which all or certain lights are extinguished or effectively screened. Verb - To extinguish or screen lights for this purpose. (Note: Other definitions may be found on page 5 of Booklet "Air Raid Warning System" published by the Office of Civilian Defense, Washington, D. C.) At this Hospital, "Blackouts" may also be ordered during daylight hours for training purposes.

c. Blackout hours. Between sunset and sunrise.

d. Types of Air Raid Warning Messages.

- (1) Air Raid Message - Yellow - (Preliminary Caution). The yellow warning message serves to notify that we must get ready to obscure all lights upon a Blue or Red warning. Whistle Blast Signal: Series of two long blasts repeated once with a 20 second interval between the series.
- (2) Air Raid Message - Blue - (Lights Warning). This Message serves to notify that all lights must be obscured at once. If, as may happen, a red warning is given without a prior blue warning, all lights must be obscured at once. Whistle Blast Signal: Series of three long blasts repeated once with a 20 second interval between the series.
- (3) Air Raid Message - Red - (Action Warning). This is a public warning issued by all plan-

ned means of communication. Red means that an air raid may occur in five minutes and that immediate action in regard to air raid precautions be taken. If it comes without a blue warning, lights will be obscured. Whistle Blast Signal: Series of four long blasts repeated once with a 20 second interval.

- (4) Air Raid Message - White - (Raiders passed). This warning upon which a public signal is given if "action warning-Red" is in force means that hostile planes have left the area or the threat of a raid is no longer imminent. Whistle Blast Signal: One long blast.
(Note: These Air Raid Messages will be received from the nearest District Warning Center).

3. ORGANIZATION.

All personnel, military and civilian have certain duties to perform or certain rules to follow during the period alerts and air raid warnings are in effect.

Diagrams appended to these regulations as Annex I and Annex II show the organization of the post forces for air raid defense. Annex III shows the communication system. It will be noted that certain services are directly responsible to the Air Raid Defense Marshall. Others, because of their special character, as services in connection with the hospital and Reception and care of wounded directly responsible to other officers. It must be clear, however, that a close liason relationship exists in these services; for example, the air raid defense marshall has certain jurisdiction of the hospital department to require proper blackout precautions. On the other hand, the Emergency Surgical Service depends on him for evacuation to the hospital of wounded through Rescue Squads, (Fire fighting sections & enlisted men).

4. AIR RAID DEFENSE MARSHAL AND ASSISTANT TO THE AIR RAID DEFENSE MARSHAL. Air Raid Defense will be in charge of an officer designated in orders as the Air Raid Defense Marshal. The Administrative Officer of the Day is his assistant and will act in his stead in his absence. He has immediate direction of the Fire and Police Department, Fire Watchers and Utilities Section, as well as liason duties with the Hospital Department, Emergency Surgical Service, Receiving Office, and Quartermaster and Civilian sections.

Duties: Instruction of personnel in their duties, supervision of conduct of the alerts and blackouts, including detailing personnel on certain missions, such are Firewatchers, Auxiliary Police, Messengers, etc.

Routine inspection of buildings as to proper use and location of sand buckets for use against incendiaries.

Report of each blackout or practice blackout to the Commanding Officer with such recommendations as are indicated.

5. SPECIAL DEPARTMENTS.

a. The Chiefs of the Neuropsychiatric and Medical Services will be responsible for any special rules necessary for the care of patients in their wards. (See Annex IV)

b. The Chief of the Surgical Service will be responsible for special rules for operation of the surgical pavilion during a blackout and also for a plan for emergency treatment of any casualties. (See Annex V, VI, and VII)

c. The Adjutant will be responsible for the conduct of Civilian employees of the Medical Department.

d. The Quartermaster will be responsible for special rules concerning motor transportation. (See Annex VIII)

6. INCENDIARY BOMBS. An incendiary bomb should be treated by throwing sand or dirt on it. A stream of water should not be turned on the bomb. A fine spray of water made by placing a finger partially over the end of a hose nozzle may be used, but is not as effective or as safe as sand. It is best to throw sand on the bomb and about it. As soon as it can be handled, lift into sand bucket with a shovel and carry the bucket by means of the shovel to a place of safety.

7. LIGHTS IN BUILDINGS. Whenever a person in other than the Main Building leaves his room, he will extinguish his room lights. The last person to leave a building other than the Main Building will make sure that all lights are "out". This rule applies especially to the Officers' Quarters, Nurses' Quarters, Office Building near the standing water tower, and Red Cross Building.

8. CONDUCT OF THE ALERT.

a. All Warning Signals.

(1) Telephone Operator. Upon receipt of a yellow, blue, red or white air raid message signal, the telephone operator will transmit the message to the Central Heating Plant at once, delivering the message in the exact words

it is received. Examples: "Air Raid Message - Red Action Warning" or "Red-Action Warning", etc. The operator will keep a trunk line open to Danville until an "Air Raid Message - White - Raiders Passed" message is received. From the time of receipt of the first message until receipt of the "White" message, she will keep the switchboard open for all except urgent calls. She will "Plug in" all trunk lines to Danville and key lines to the post at intervals of two minutes to monitor the continuous operation of these lines. Failures will be reported to the Air Raid Defense Marshal or his assistant. If, during after duty hours, she will notify all officers living off the reservation of the warning. A record of such officers called will be kept.

(2) Central Heating Plant Personnel. Upon receipt of the message at the Central Heating Plant, blasts of the whistle will be sounded as indicated in paragraph 2-b. (It is essential that all employees at the Steam Heating Plant learn all whistle signals).

(3) The Marshal, or in his absence, the Administrative Officer of the Day will detail an officer to report to the telephone exchange of the Main Building to assist the telephone operator in recording, interpreting and sending messages.

b. Air Raid Message - Yellow - Preliminary Warning.

By this signal the post is informed that the hospital is alerted. Personnel will be prepared to carry out at once the rules under the "lights warning" (blue) or the "action warning" (Red) should either or both be signaled.

Military Personnel off the post and in nearby localities receiving information that an alert is in force will repair at once to the post.

"Off-duty" personnel on the post will repair to their barracks, quarters, or to the area occupied by post buildings. Meals will not be interrupted.

Nurses and attendants on duty will secure and keep in their possession, flashlights available on the wards. (When used during blackouts, the beam of

flashlights will be directed to the floor). Barracks room orderlies will secure a lantern available in each squad room. These will not be lighted except for urgent necessity.

Except as noted under paragraph 8a, personnel on duty will continue with their usual duties.

c. Air Raid Message - blue - lights warning.

(1) On this signal, if it comes during "Black-out hours", all lights except the night lights in the main building will be extinguished by the following procedures.

a. The guard on Post No. 2 will repair to Power pole No. 29 south of the main building and will pull "out" the main light switch. (Note - this procedure throws on the standby lighting system).

b. The enlisted attendant in the Receiving Office will repair to room 72 ground floor, Main Building, and pull out the light switches in switch-boxes No. 1, 2 and 3. (Note: For the purpose of opening this room, an "M"-Key will be in the possession of the attendant during his hours of duty in the Receiving Office).

c. Personnel on duty in the patients' mess will pull "out" the main kitchen switch.

d. Personnel in the Red Cross Building will pull "out" the main switch to that building. This switch is located in the entrance room to the ladies' toilet on the ground floor.

e. An enlisted attendant, 5th floor, will turn "off" the light switch to the green light on top of the main building. (This switch is on the wall inside the door opening on the stairway to the 6th floor).

(2) During "blackout hours" all window shades will be pulled down. Venetian blinds will be lowered and closed.

(3) During "blackout hours" lights of automobiles will be turned off. All automobiles not being used for urgent official business will pull to the side of the road so as not to block traffic and stop. Cars will not be parked opposite other cars on roads.

(4) Assembly. On this signal at any time, day or night, personnel will assemble as follows:

a. The Air Raid Marshal and Administrative Officer of the Day in the lobby of the Main Building (The Marshal may, of course, later proceed to any point duties demand).

b. Officers of the Professional Service at their proper places of duty. (Exception: The Administrative Officer of the Day, if assigned to regular duty with the Professional Service, see par. (a) above).

c. All other officers in the lobby of the main building.

d. Nurses on duty at their proper places of duty. Nurses not on duty in the Nurses' Quarters or in the lobby of the main building.

e. Fire fighting sections, enlisted men, at the Fire House.

f. Enlisted men on duty in wards, clinics or operating rooms at their proper places of duty.

g. N.C.O's in charge of quarters and barrack room orderlies will remain in barracks to act as firewatchers.

h. Enlisted men and civilian employees assigned to the motor pool at the motor pool.

i. Personnel not otherwise detailed in these regulations, on duty in buildings and civilian personnel on duty in buildings will remain in the building to which assigned for duty.

j. Members of the guard ~~not~~ on duty, at the guard house.

k. Members of the Fire Department not on duty, at the Fire House.

l. All other enlisted men, not specifically detailed in these regulations, will report and assemble in the south corridor, ground floor, main building.

m. Civilian employees not otherwise detailed will remain at their proper places of duty.

(5) Conduct of the Blue - Lights warning period.

a. The Marshal will organize the enlisted men assembled on the ground floor, Main Building, into such squads as are necessary to act as messengers, auxiliary emergency Surgical Service Men, etc. He will use these men and such officers as are also assembled to carry out such missions as circumstances then, or later, require.

b. The Marshal will detail at least two men to report to the Nurses' Quarters, two to the Officers' Quarters, and two men to report to the Red Cross Building. At least two firewatchers will be detailed to watch from the top of the Main Building. Others to be detailed to watch other buildings needed. All firewatchers should protect themselves from being seen as well as conditions permit.

c. Guests in the Red Cross Building will be awakened, directed to dress and repair to the first floor. When all arrive, they may be escorted to the Officers' Assembly room, Ground Floor, Main Building.

d. The fire truck will be moved outside the firehouse. Upon arrival of the two one and one-half ton trucks from the Motor Pool, they will be parked near the fire house for use in transporting enlisted men of the fire fighting sections in the event of a fire call.

e. The Guard at the entrance gate will prohibit all persons not on duty at this Hospital from entering the grounds, except those on official business. Each such person entering will be informed that if more than one blast of the whistle is heard he will seek cover if afoot, and if in an automobile turn out his lights.

f. Special departments will carry out their special duties and missions as detailed in Annexes I to VIII, inclusive.

g. All persons will seek the best cover possible as is consistent with the performance of their duties.

h. Guards and building occupants will be especially alert to discover unauthorized persons in their areas.

i. All windows and doors to buildings will be closed.

j. Lighting of matches or flares, or lighting and smoking of cigarettes, cigars, etc., is prohibited during the period of "blackout". This rule will also apply to patients.

k. Everyone will keep as far away from windows as possible.

l. Telephones will not be used except for urgent business.

d. Air Raid Message - Red - Action Warning. Upon the signal of a Red Air Raid Action Warning Message when no previous signal has been sounded, all requirements under the Yellow and Blue signals will take effect at once. If in force, they will continue. The essential purpose of this signal is to notify all that danger may be expected overhead or is overhead. Any casualties will be brought to the main building and cared for under the direction of the Chief of the Surgical service.

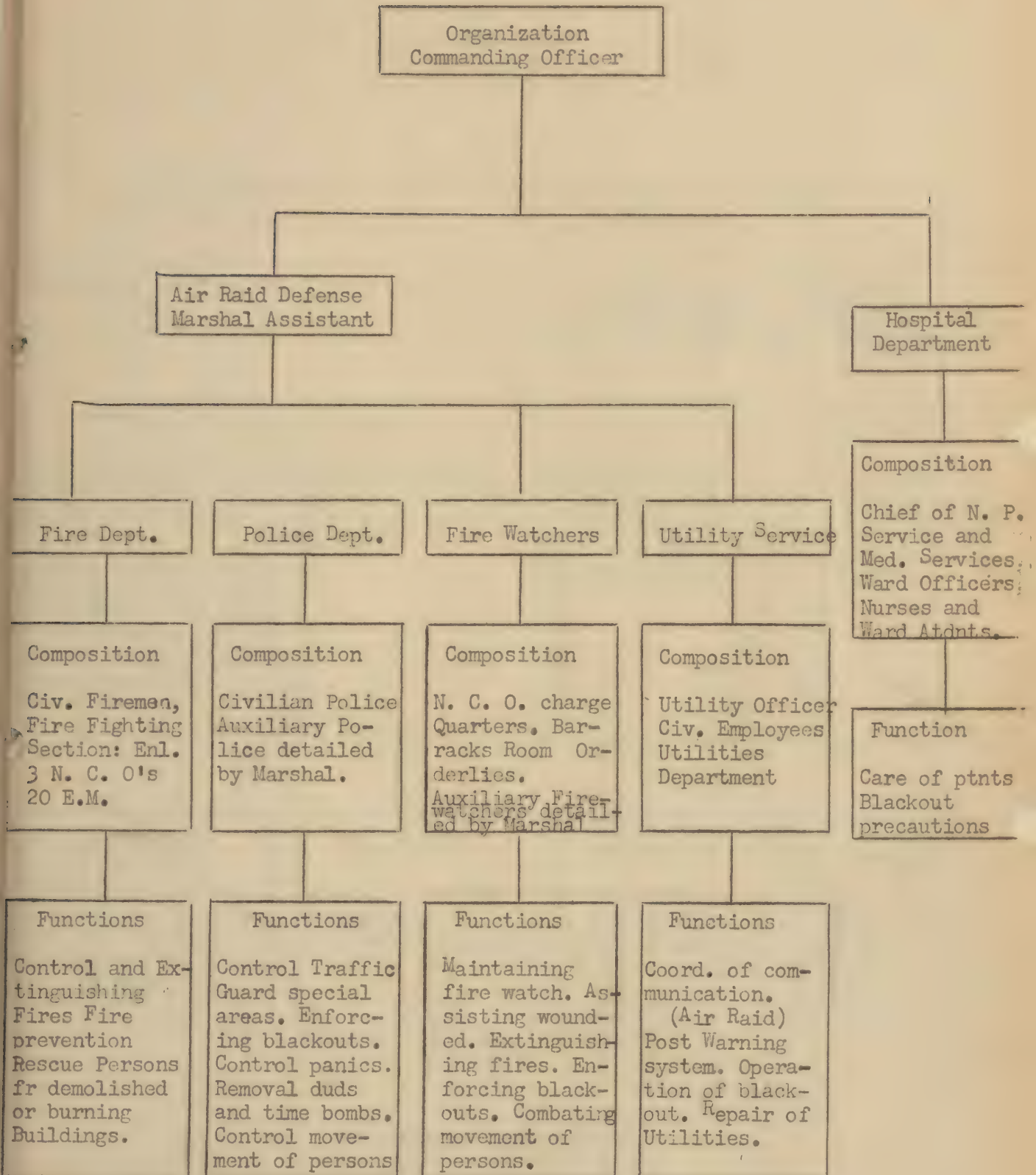
e. Air Raid Message - White - Raiders Passed. On this signal, switches on Pole No. 29, in the patients' mess, in the Red Cross Building, and in Room 72, ground floor, main building, will be plugged in, and all lights may be turned on. The switch to the green light on top of the main building will be turned on. Personnel will then resume their normal activities.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, Med. C.,
Executive Officer.

OFFICIAL:

Aloyous Martin,
1st Lieut. Med. Adm. C.,
Adjutant.



ANNEX II H .R. 10-116

Organization
Commanding Officer

Emergency Surgical
Service

Receiving Office

Quartermaster
Service

Civilian Emp.
Defense Sect. MD

Composition

Chief Surgical Service
Officers, Nurses and
Enl. Men of Surgical
Service

.....
Auxiliary Medical Off-
icers, Nurses and Enl.
Men detailed on request
Chief of surgical Service
ice to the Marshal of
Chief Nurse.

Composition

Receiving Officer
Enlisted Personnel
of Receiving Office

Composition

Quartermaster
Enlisted Men,
Quartermaster Ci-
vilian Employees,
Quartermaster.

Composition

Adjutant
Sergeant Major
Chief Clerk
Auxiliary Civ.
Helpers

Functions

Care of wounded
Blackout precautions
in operating Pavilion.
Plans and Operation
of Emergency Surgical
Area for wounded

Functions

Ambulance Service
Preparation of
Admission records

Functions

Motor Vehicle
Transportation
except ambulances

Function

Training Civi-
lian emp.
Control move-
ments of Civi-
lian employees.

See also preceeding page

ANNEX III AR 10-110
MILITARY DEFENSE AREA

ARMY ARMY ARMY
OBSERVATION
CENTERS

CIVILIAN

CIVILIAN

ARMY

ARMY

DISTRICT
WARNING
CENTERS

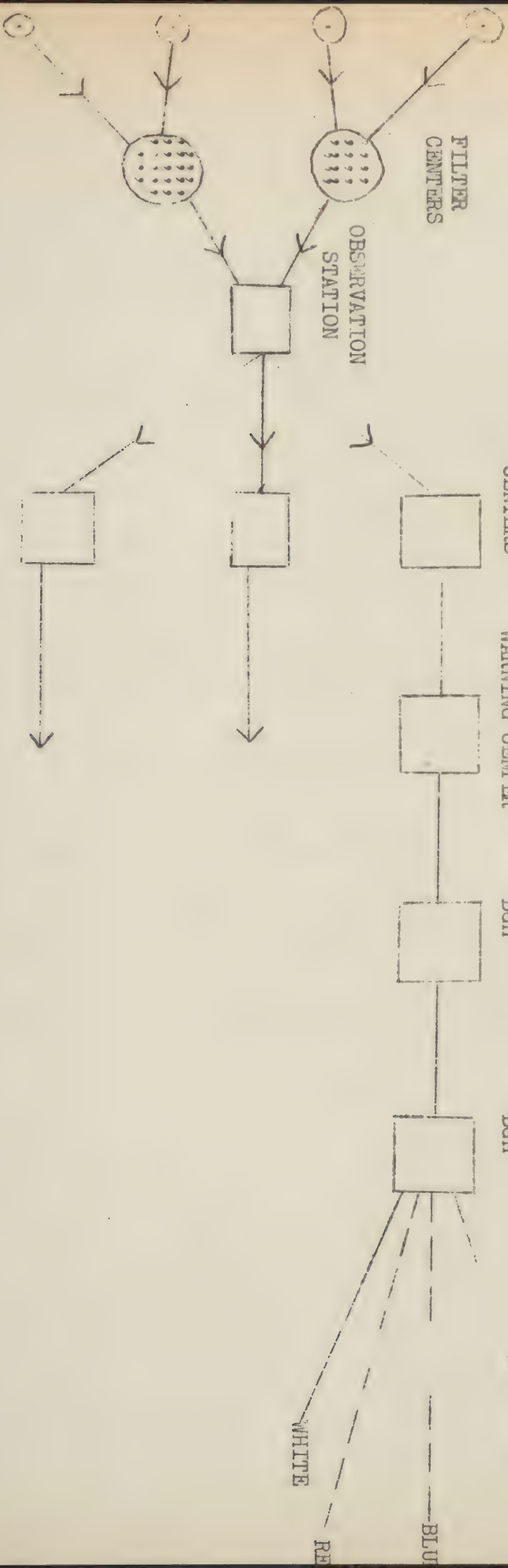
DANVILLE
SUB-DISTRICT
WARNING CENTER

TELEPHONE
EXCHANGE
DGH

HEATING
PLANT
DGH

FILTER
CENTERS

OBSERVATION
STATION





ANNEX IV - HOSPITAL REGULATIONS 10-110

Rules for Medical Wards.

1. Upon a blue - lights warning, or Red - action warning signal all patients will return to their wards, unless treatment cannot be interrupted.
2. Beds of patients will be moved as far as practicable from windows.
3. Window shades will be lowered.
4. Smoking and lighting of matches will be prohibited.
5. Flashlights should be procured by duty personnel but should be lighted only when necessary. In this case, the beam of light should be directed to the floor.
6. During a red - action warning period ambulant patients will be directed to lie on the floor under the beds.

Rules for Wards for Mental Patients.

1. Where applicable and possible, considering the condition of the individual patients, the same rules prescribed for medical wards will be carried out.
2. In addition, all patients will be carefully watched and reassured to prevent panic or disturbances.

ANNEX V HOSPITAL REGULATIONS 10-110

PLAN FOR EMERGENCY SURGICAL SERVICE

1. PERSONNEL.

- a. Chief of Surgical Service, in charge.
- b. Officers, nurses and enlisted men assigned to duty in the surgical service.
- c. Auxiliary officers, nurses and enlisted men requested through the marshal and chief nurse.

2. EQUIPMENT.

- a. Litters: 5 in Room No. 47 (ground floor)
5 in Room No. 27 (ground floor)
8 at Fire Station
2 in each Barrack
1 in Infirmary
- b. Ambulances: Call through Officer of the Day or Receiving Office.
- c. Personnel: 1. Those designated by order of Commanding officer.
2. Operating Personnel.
- d. First Aid Equipment.
 - 1. Brought from Operating Room to First Floor Emergency Operating Room, at the first (yellow) preliminary signal.
 - 2. Evacuation of injured to First Floor to collecting stations hall space, to right and left No. 11 and 18 to be used. A dispatcher will be stationed at the elevator 1st floor to direct evacuation.

3. EMERGENCY AREAS. (See Annex VI)

- a. Rooms 1, 7, and areas 11 and 18, 1st floor main building.
- b. Emergency Operating Room - Room 40, 1st floor main building.

THE HISTORY OF THE
CITY OF BOSTON

1780

THE HISTORY OF THE

CITY OF BOSTON

FROM THE FIRST SETTLEMENT

TO THE

PRESENT

BY

JOSEPH NEASE

1780

PRINTED BY J. NEASE, AT THE SIGN OF THE

WINDMILL, IN THE MARKET PLACE

BOSTON

1780

THE HISTORY OF THE

CITY OF BOSTON

FROM THE FIRST SETTLEMENT

TO THE

PRESENT

BY

JOSEPH NEASE

1780

ANNEX V HOSPITAL REGULATIONS 10-110 (Cont'd)

c. Supplies and equipment to be kept on hand in Surgical Pavilion or to be available for immediate use:

Litters	10
Blankets	30
Iron rods to support intravenous fluids (Made to fit in hole for mosquito net bar)	6
Bandage scissors	3
Hot water bottles	6
Urinals	3
Bed pans	3
Pus Basins	6
Round metal pans	3
Rubber sheets	6
Blood pressure machine	2
Stethoscopes	2
Flit-gun, large (for spraying burns)	1
Dressing cart with complete equipment	1
Sterilizer electric	1
Sheets	10
Clinical sheets - 55a	23
Oxygen tanks, large, with reduction valves B & L B masks	1
Splints, arm	3
Thomas ring splints	3
Emergency operating set (Consisting Of:)	1
Scissors, suture	1
Scissors, curved	1
Scissors, straight	1
Needle book complete	1
Needle holders	3
Kelly Rankin Haemostadts	12
Kelly Rankin Haemostadts, curved	12
Sponge, forcep	3
Probes	3
Towel clamps	12
Sutures - catgut - dermal silk and chromic	
Hypo syringes	6
4, 2cc; 1, <u>3cc</u> ; <u>1.5cc</u> .	
Procaine 1%	8 amp.
Strychnine	4 amp.
Sulfannilamide powdered, crystals sterile	4 ozs.
Sulfannilamide ointment 5%	6 ozs.
Tannic acid ointment 4%	6 ozs.
Tannic acid solution	6 ozs.

ANNEX V HOSPITAL REGULATIONS 10-110

PLAN FOR EMERGENCY SURGICAL SERVICE

1. PERSONNEL.

- a. Chief of Surgical Service, in charge.
- b. Officers, nurses and enlisted men assigned to duty in the surgical service.
- c. Auxiliary officers, nurses and enlisted men requested through the marshal and chief nurse.

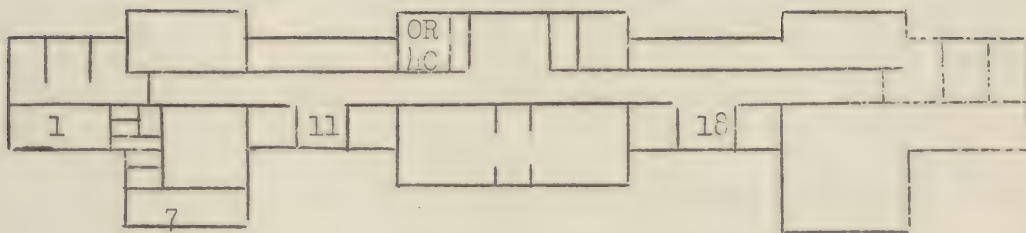
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1 in Infirmary
- b. Ambulances: Call through Officer of the Day or Receiving Office.
- c. Personnel: 1. Those designated by order of Commanding officer.
2. Operating Personnel.
- d. First Aid Equipment.
 - 1. Brought from Operating Room to First Floor Emergency Operating Room, at the first (yellow) preliminary signal.
 - 2. Evacuation of injured to First Floor to collecting stations hall space, to right and left No. 11 and 18 to be used. A dispatcher will be stationed at the elevator 1st floor to direct evacuation.

3. EMERGENCY AREAS. (See Annex VI)

- a. Rooms 1, 7, and areas 11 and 18, 1st floor main building.
- b. Emergency Operating Room - Room 40, 1st floor main building.

ANNEX VI. H. R. 10-110



FIRST FLOOR PLAN, DARNALL GENERAL HOSPITAL

ROOMS TO BE USED IN CASES OF EMERGENCY

ROOM - 1, --- 5 - Helio-therapy Tables.

ROOM - 7, - - 6 - Cold Pack Tables.

SPACE-11, - - 6 - Litters.

SPACE-18, - - 6 - Litters.

ROOM -40, - - - - Emergency Operating Room.

ANNEX VII - HOSPITAL REGULATIONS 10-110

PLAN FOR BLACKOUT AND OPERATION OF THE SURGICAL PAVILION

1. Vulnerable Rooms.

(1) Room No. 8, fourth floor, designated as Orthopedic. This room will be evacuated immediately along with the Main Operating Room No. 12, immediately upon any air raid warning signal.

2. Procedure.

(1) Immediately upon air raid warning signals, the Main Operating Room will be locked away from the remainder of the suite, putting in place the blackout doors at the southwest and southeast entrances from the Nurses' Preparation Room and the Doctors' Scrub Room, as well as locking Room No. 8.

(2) The Operating Suite will not be lighted under any circumstances.

3. Precautions to Take Before Leaving the Operating Suite at the End of a Service Day.

(1) Lock the Main Operating Room.

(2) Put in place blackout doors at both southwest and southeast entrances to the Operating Room.

(3) Pull down all shades.

(4) Lock Room No. 8.

(5) Set up Room No. 16, designated as Anesthesia Room, for emergency operations. Place sterile Laporotomy bundle in room, a nest of sterile basins, and sterile solutions. Also set in place emergency operating battery control lights in this room.

4. Procedure in Case of Emergency Operation or Accident which Requires Surgical Procedure During Blackout.

(1) Use auxiliary Operating Room battery lamps to set up for the procedure to be done in the Anesthesia Room.

(2) ALLOW NO ONE TO ENTER THE MAIN OPERATING ROOM OR ROOM # 8 BECAUSE OF THEIR VULNERABILITY.

(3) Anesthesia shall be other only during a blackout.

ANNEX VIII - HOSPITAL REGULATIONS 10-110

QUARTERMASTER DETACHMENT RULES

1. Upon a preliminary (yellow) Warning Signal all Quartermaster and Medical Department enlisted men and all civilians assigned to the Motor Pool will hold themselves in readiness to report at the Motor Pool with their vehicles in the event of a blue or red signal. Vehicles will not be dispatched out of Motor Pool except in cases of necessity.

2. Upon a lights warning (blue) signal or an action warning (Red) signal Motor Pool personnel and vehicles not on urgent duty will report at once to the Motor Pool.

a. The dispatcher will stand by the telephone.

b. Two trucks will be dispatched to the Fire House.

c. Two sedan cars and the metropolitan ambulance will be dispatched to seek cover beneath trees between the main building and the artificial lake in front of the main building. Drivers of these cars will repair to the lobby of the main building and stand by for orders of the Marshal or Receiving Officer.

d. At least two men will be left on duty at the motor pool.

e. Five trucks will be dispatched to the road inside the east cyclone wire fence and one parked beneath each of five trees in that vicinity. Remaining trucks will be dispersed in the vicinity of the Motor Pool.

f. All personnel will secure best cover possible for themselves and vehicles.

g. Upon the "all-clear" signal troops will resume their normal duties.

HOSPITAL REGULATIONS)
NO. 10-115)

H. R. NO. 10-115
DARNALL GENERAL HOSPITAL
Danville, Kentucky
August 1, 1942.

UNUSUAL OCCURRENCES

1. Unusual occurrences may arise as purely administrative matters or as incidents on the professional services.

2. The Administrative Officer of the Day will submit a report of unusual occurrences on DGH Form No. 37 arising on his service to the Executive Officer when reporting off duty.

3. The Professional Officer of the Day will submit a report of unusual occurrences on DGH Form No. 88 arising on professional services during after duty hours to the Executive Officer when reporting off duty.

4. Chiefs of Services will submit a report of unusual occurrences on DGH Form No. 88 arising during regular duty hours to the Executive Officer as soon as possible.

5. Unusual occurrences will be referred by the Executive Officer to the Hospital Inspector for further investigation if indicated, otherwise the Executive Officer will make an appropriate notation on the report and distribute it as follows:

a. Reports involving serious injury or mistreatment of patients by duty personnel will be referred to the Commanding Officer.

b. Other reports involving patients will be sent to the Chief of Service for file with patients' clinical record.

c. Data in reference to other occurrences will be sent to the proper officer for information and necessary action.

6. All injuries to patients will be brought to the immediate attention of the Ward Surgeon or the Professional Officer of the Day.

7. All injuries to military and civilian personnel will be referred to the Chief of the Outpatient Clinic or to the Professional Officer of the Day.

8. Nothing in these regulations will be interpreted as prohibiting the immediate verbal report of a serious unusual occurrence.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Col., Med. Corps,
Executive Officer.

OFFICIAL:

-108 b-

Aloyous Martin,
Captain, Med. Adm. C.,
Adjutant.

H. R. NO. 15-5
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

CLINICAL RECORDS

disease, body infestation, communicable disease and injury. If injuries are found each will be described.

b. In cases of patients admitted with a diagnosis of alcoholism or injury, a definite statement will be made by the Receiving Officer or the Professional Officer of the Day on the reverse side of Form 55a as to the state of sobriety of the patient at the time of admission to Hospital. Whenever the patient's normal physical and mental reactions are visibly impaired by alcohol or drugs, this report should state that patient "was drunk". See Manual of Courts-Martial under "drunkenness".

c. Form 55f (Progress Notes) will be made in all cases. Notes will be made on this form as they are indicated, and, at intervals of not greater than ten days. Each Progress Note will be headed with the ward number and date and will be signed or initialed by the officer making it. A progress note will be made during the last week of each month in the case of patients on an enlisted status, showing that they have, on that date, been examined for the presence or absence of venereal disease and the result of such examination. The final Progress Note will include a brief summary of the case.

d. The remaining forms of the 55 series, 55e to 55Q-3, local forms of Darnall General Hospital, and administrative forms will be made when indicated.

5. ARRANGEMENT, PREPARATION AND FILING OF CLINICAL RECORD.

a. The component parts of the Clinical Record will be maintained constantly in the chart holder, Item No. 70604, which will, ordinarily, be kept in the Ward Officer's Office of the ward to which the patient is assigned. These records or any of the component parts thereof will not be entrusted to a patient for delivery from one department or ward to another. Under no circumstances will patients be allowed to peruse their Clinical Records.

b. The component parts of the Clinical Record will be arranged on the chart holder in the order indicated below. The Ward Officer may designate certain forms: such as, M.D. Forms 55 H-1, M.D. 55 H-2, M.D. 55-1, to be kept by the nurse in her office.

FORM NUMBER

FORM TITLE

M. D. 55 A
55 B

Clinical Record - Brief
Chief Complaint, Condition
on Admission, Previous
Personal History.

55 C-1

Physical Examination

55 C-2

Special Examination or
Additional Data.

FORM NUMBER

FORM TITLE

55 D	Initial Summary, Working Diagnosis, Contemplated Laboratory Tests, and Consultations.
55 E-1	Consultation Request and Report.
55 E-2	Ophthalmologic Examination.
55 E-3	Ear, Nose and Throat Examination.
55 E-4	Dental Examination.
55 E-5	Dental Record.
55 E-6	Proctoscopic Examination.
55 E-7	Urologic Examination.
55 E-8	Gynecologic Examination.
55 E-9	Allergy Examination.
55 F	Progress Notes.
55 G-1	Treatment.
55 G-2	Diabetic Record.
55 H-1	Temperature, Treatment, Nurse's Notes.
55 H-2	Temperature Graphic Chart.
55 I	Graphic Chart.
55 J	Electrocardiographic Report.
55 K-1	Radiologic Record.
55 K-2	Radiologic Report.
55 K-3	Record of Roentgen Therapy.
55 K-4	Record of Radium Therapy.
55 N	Physiotherapy Record.
55 O-1	Preoperative Examination and Anesthetic Record.
55 O-2	Operation Report.
55 O-3	Authorization for Operation or Spinal Puncture.
55 P	Fracture Record.
55 Q-1	Prenatal Record.
55 Q-2	Labor Record.
55 Q-3	Neonatal Record.
55 L	Laboratory Reports.

c. The following reports of laboratory examinations:

55 L-1	Blood.
55 L-2	Blood (Chemistry).
55 L-3	Serology.
55 L-4	Spinal Fluid.
55 L-5	Urinalysis.
55 L-6	Urinalysis (Quantitative).
55 L-7	Sputum.
55 L-8	Gastric Analysis.
55 L-9	Feces.
55 L-10	Carbohydrate Tolerance.

FORM NUMBER

FORM TITLE

55 L-11	Renal Function (Conc. or Dil.)
55 L-12	Renal Function (P.S.P.)
55 L-13	Renal Function (Urea Clearance.)
55 L-14	Basal Metabolism.
55 M	Pathological Examination of Tissue.

When reports are received from the laboratory, they will be pasted in chronological sequence in the spaces provided for that purpose on Form 55-L.

d. The originals of the above listed forms will constitute the Clinical Record proper. When more than one sheet of any one form is used, they will be arranged in the record according to dates, the one dated last being nearest the back of the record.

6. OTHER FORMS AND PAPERS PERTAINING TO THE CLINICAL RECORD.

a. Other forms listed below in subparagraphs b, c, d, e, f, and g, and other papers pertaining to the record will be kept on file in the office of the ward to which the patient is assigned.

b. Form No. 13, D.G.H., Data for Preparation of Certificate of Disability for Discharge pertains only to soldiers and will be made in a single copy when indicated. It will be forwarded with (not attached to) the Clinical Record to the Chief of the Service, who, after he approves it, will forward it to the Registrar.

c. Form No. 12, D.G.H., Request for Transfer of Patient, will be made when indicated, forwarded to the Chief of Service, who, if he approves it, will direct the transfer. If it is approved, it will be returned to the Ward Officer, who will make the transfer. It will be attached to the C.R. in chronological sequence among the Progress Notes.

d. Form No. 24, D.G.H., Diagnosis Card, will be made in duplicate as soon as practicable after patient's admission. Whenever, at any subsequent time, an additional diagnosis or any change in a previous diagnosis is made, a complete new Form No. 24, D.G.H., will be made with the dates of any change or additions specifically stated. It is imperative that all forms No. 24, D.G.H., whenever made, be complete, including all diagnosis to that date, with due attention given to all transfer diagnosis. The original will be sent to the chief of the respective service, who, if he approves it, will forward it to the Registrar. The duplicate will be entered as part of the C.R. after Form 55-a.

e. Form No. 17, D.G.H., Death Report.

(1) Immediately upon the death of a patient, the "Death Card" (Form No. 17, D.G.H.) will be initiated and accomplished in duplicate by the Medical Officer in attendance and promptly dispatched by him to the Administrative Officer of the Day, who will note and initial both forms, sending the duplicate to the Chief of the Service concerned. The Administrative Officer of the Day will then turn the original copy over to an attendant on duty in the Receiving and Disposition Office, with instructions to notify each office indicated on the form, and then deliver it to the Registrar in person, or his non-commissioned officer representative without delay. Should the Officer of the Day be unavailable to take immediate action on the Death Card, the non-commissioned officer in charge of the Receiving and Disposition Office will, at once, proceed to notify each office indicated on the form and then deliver it without delay to the Registrar in person or his non-commissioned officer representative. The action of the non-commissioned officer in charge of the Receiving and Disposition Office will be verified by the Administrative Officer of the Day at the earliest practicable moment and the Death Card initialed by him.

(2) Notification of Death. Should the death occur outside of the office hours, the Administrative Officer of the Day will retain the Death Card in his personal possession and take immediate action to transmit the necessary death notification indicated below:

(a) The Adjutant General, Washington, D. C. Telegraphic notification of the prescribed form (Model of form on file in the Receiving and Disposition Office) will be made for each person enumerated below, whether on active duty status or retired status, who dies at this Hospital:

Officer
Army Nurse
Warrant Officer
Cadet, U.S. Military Academy
Enlisted Man
Contract Surgeon
Accepted Applicant for Enlistment

Military Prisoner

Enlisted Man discharged at this
Hospital and remaining in Hos-
pital to date of death.

(b) Relatives or Friends. (In all deaths,
regardless of status of deceased).

1. Telegraphic notification of the pre-
scribed form (Model of form on file
in Receiving and Disposition Office)
will be made to the nearest relative
or other person designated to be noti-
fied in case of an emergency, as shown
on Form 55a of the Clinical Record.
If such notification is made to rela-
tives, other than husband or wife,
the latter will be similarly notified
if either is known to exist and the
address is available.
2. Telephonic notifications may be made
to relatives and friends living in
nearby towns if made personally by
the Administrative Officer of the
Day and the fact of such notifica-
tion entered on the Death Card over
his signature. In telephonic noti-
fications relatives should be request-
ed to communicate with the Registrar
at 9:00 A.M. the following morning or
as soon as convenient to them there-
after, for the purpose of making the
necessary arrangements for disposi-
tion of the remains.
3. Upon completion of action in pre-
ceding paragraph, the Administrative
Officer of the Day will hold the
Death Card in his possession until
the beginning of office hours the
next day when it will be transmitted
to the Registrar, who, after the
necessary action has been taken by
his office, will file it with the
death records of the Hospital.

f. Form No. 15, D.G.H., Seriously Ill Report. Trip-
licate copies will be made. The diagnosis, in brief, will be written
on the back of the form. For disposition of forms, see H.R. 15-45,
Paragraph 1-a.

g. Form No. 16, D.G.H., Removal from Seriously Ill List. Triplicate copies will be prepared. For disposition, see H.R. No. 15-45, Paragraph 1-d.

7. FINAL DISPOSITION.

a. When the patient is being disposed of finally, the component parts of the Clinical Record will be removed from the chart holder, Item No. 70604, assembled in the proper order as indicated in Paragraph 5-b, above, placed in the folder file, Item 75627-X, and fastened together with a fastener provided for that purpose. Form 55a will then be completed with the following entries:

- (1) Disposition of the case.
- (2) Final Diagnosis. This made to conform to A.R. 40-1035. (The Ward Officer may elaborate his diagnosis but, when possible, it will start in conformity with the above mentioned Army Regulations.)
- (3) The Line of Duty of each diagnosis will be stated separately. In the case of patients who have been received by a formal transfer and the transfer diagnosis is not concurred in or not completely concurred in, a statement, "Diagnosis on transfer card not concurred in", or "Diagnosis on transfer card partly concurred in", will be made.
- (4) The completed form will be signed by the Ward Officer.

b. When the above has been accomplished a Disposition Slip, Form No. 18, D.G.H., will be made in a single copy. It will be attached to the front of the Clinical Record. The Complete Clinical Record in the folder, properly fastened, will then be sent to the Chief of the Service concerned, who will cause a close examination to be made thereof. If it is found in good order and is approved, steps will be taken immediately by that office to effect the disposition.

8. PROCEDURE UPON RECEIPT OF CLINICAL RECORD BY REGISTRAR.
Upon receipt of a completed Clinical Record of a case, the Registrar will make a careful scrutiny for deficiencies, omissions, etc., and when such deficiencies, omissions, etc., are discovered, will return the record to the Chief of the Service concerned for completion or correction. The Clinical Record will be compared with the sick and wounded records and any discrepancies adjusted, after which it will be filed in its proper numerical sequence.

9. M.D. AND D.G.H. FORMS, NUMBER OF COPIES REQUIRED. The forms listed below will be prepared by the Ward Officer, in duplicate, or singly, as indicated. When made in duplicate, both copies will be forwarded to the respective laboratory or clinic where they will be completed, the original being returned to the Ward Officer for inclusion in the Clinical Record, the duplicate to be held for file. When a single copy is made, it will be forwarded to the laboratory or clinic for completion and returned to the Ward for inclusion in the Clinical Record.

FORM NUMBER

FORM TITLE

TO BE MADE IN THIRPLIFICATE

28 D.E.H.

Transfusion Record.

TO BE MADE IN DUPLICATE

M.D. 15 D.G.H.

55 J	Electrocardiograph Report.
55 K-1	Radiologic Record.
55 K-2	Radiologic Report.
55 K-3	Record of Roentgen Therapy.
55 K-4	Record of Radium Therapy.
55 L	Laboratory Reports.
55 L-1	Blood.
55 L-2	Blood (Chemistry).
55 L-3	Serology.
55 L-4	Spinal Fluid.
55 L-5	Urinalysis.
55 L-6	Urinalysis (Quantitative).
55 L-7	Sputum.
55 L-8	Gastric Analysis.
55 L-9	Feces.
55 L-10	Carbohydrate Tolerance.
55 L-11	Renal Function (Conc. or Dil.).
55 L-12	Renal Function (P.S.P.).
55 L-13	Renal Function (Urea Clearance).
55 L-14	Basal Metabolism.
55 L-15	Miscellaneous.

All other component parts of the Clinical Record will be made in single copy.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
NO. 15-10)

H. R. NO. 15-10
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PATIENTS

CLOTHING AND BAGGAGE OF ALL PATIENTS

1. PATIENTS' CLOTHING AND BAGGAGE ROOM. Upon admission, all clothing, baggage and personal effects of the patient, except that which accompanies him to the ward will be taken to the Patients' Clothing and Baggage Room. All items will be carefully checked. All prohibited items, dangerous weapons, drugs, valuables and money so found will be listed separately and in triplicate on Form 75, M.D. All other items will be listed on Form 75, M.D., in triplicate and stored in the Baggage Room after being properly tagged for identification. All lists will be signed by the patient, if his condition justifies, acknowledging correctness of the inventory. The person in charge of the Baggage Room will receipt for the articles stored therein. He will keep one copy of the inventory and deliver one copy to the patient, the third copy will be sent to the Commanding Officer, Detachment of Patients. All prohibited articles will be delivered by the admitting officer to the Commanding Officer, Detachment of Patients. He will receipt three copies of the inventory, one will be kept by him, one by the officer making the delivery and one will be delivered to the patient. (Note: On mental wards, the patient's copy may be kept on a file.)

2. A list of uniforms and clothing of enlisted patients which require cleaning and pressing will be sent to the Commanding Officer, Detachment of Patients, by the person in charge of the Baggage Room. Upon receipt of this list, the Commanding Officer, Detachment of Patients, will investigate patient's status -- pay or non-pay, his mental competency by contact with the Ward Surgeon, the amount of patient's personal funds on hand and if funds exist or will be available, authorize the cleaning and pressing. Such cases as have no funds and will not be able to receive their pay will be referred to the Executive Officer for decision.

3. It is the duty of the Ward Surgeon to verify that every patient has suitable clothing to wear prior to discharge from this Hospital.

a. All clothing, on discharge from Hospital or transfer, should be clean, suitably pressed, and sufficient for the trip planned. Overcoats will be included when required by Regulations.

b. A try-on of clothing will be had in ample time before discharge to verify that clothing fits and is suitable.

c. When sufficient or suitable clothing is not in the patient's effects, the Sergeant in charge of the Baggage Room will report the facts to the Commanding Officer, Detachment of Patients.

d. The Commanding Officer, Detachment of Patients, is charged with the transfer of all patient's effects in accordance with A.R. 40-590.

4. It is the duty of the Commanding Officer, Detachment of Patients, to secure suitable clothing for discharge or transfer of enlisted military personnel from this Hospital.

5. Clothing of infectious disease patients will be handled as previously outlined, except that after they have been properly inventoried, such articles as the admitting officer or ward surgeon designate will be sterilized in the hospital sterilizer. A receipt will be taken from the sterilizer personnel for this clothing, a duplicate being held at the sterilizer room. Upon collection of this clothing from the sterilizer room, the attendant will check the items against the receipt and if correct will acknowledge receipt of same on the duplicate held at the sterilizer room. The original will be returned to the ward. This clothing will then be stored in the patient's baggage room as prescribed for other effects. Woolen clothing and leather will not be sterilized in the disinfecter.

6. Patients and attendants arriving by train will be asked by the admitting officer if they have baggage for the patients other than that which accompanied them. If so, the baggage checks will be obtained and the patient will be given a receipt for them. A record of baggage checks so received will be kept in a book. Such baggage will be obtained by truck and when delivered to the ward, the receipts will be collected. These receipts will be used for cancellation of entries in the baggage check book. All such baggage will be cared for, searched and listed as prescribed for in Paragraph #1 of this Regulation.

7. WEARING OF HOSPITAL CLOTHING WHEN IN HOSPITAL BY PATIENT ON ENLISTED STATUS.

a. Patients, other than officers and women, will wear hospital clothing issued them on admission. While wearing such clothing, they are forbidden to leave the limits of the hospital grounds.

b. Ambulant patients on an enlisted status while in the ward will be clothed habitually in pajamas, socks, slippers or shoes, and, if necessary, a convalescent suit, which must be clean and in good state of repair and buttoned at all times.

c. Patients on an enlisted status are prohibited from wearing other than hospital clothing except that ambulant patients may wear shoes and socks in their possession.

d. When an ambulant patient on an enlisted status leaves the main hospital building, the Medical Department convalescent suit will be worn over the pajamas. Convalescent suits so worn will be kept buttoned at all times. Convalescent suits may be worn on the ward. They will not be worn without pajama coat and trousers. For wheelchair cases, the bathrobe may be worn over the pajamas in lieu of the convalescent suit. Bathrobes will be issued to wheelchair patients and such others as designated by the ward surgeon. They will not be issued to other patients.

e. Patients will wear their uniforms when leaving and returning to the reservation on authorized pass. At all times, they will be neat, clean and in good state of repair.

8. RETENTION OF CLOTHING AND PROPERTY BY PATIENT ON ENLISTED STATUS. Patients whose physical and mental condition permit may be granted permission by the ward officer to retain the following articles:

1 pair of shoes

3 pair of socks

Necessary toilet articles except mental ward cases
will not be permitted to have dangerous articles.

Patients on open wards will be informed when such permission is granted that these articles are for their personal comfort and that they will be responsible for any subsequent loss of them.

9. INSPECTION OF CLOTHING WORN BY PATIENTS DEPARTING FROM HOSPITAL. The clothing worn by patients at the time of final departure from Hospital and when leaving on furlough will be inspected by the Receiving and Disposition Officer or his representative to insure that none leaves in improper uniform. No patient departing from Hospital will be permitted to take with him any hospital clothing or unauthorized property of any nature. Patients going on pass will check in and out of the Patients' Baggage Room and will be inspected by the non-commissioned officer in charge to insure that they are properly clothed. The Baggage Room will not issue civilian clothing for patients on pass.

10. WITHDRAWAL OF EFFECTS FROM PATIENTS' WARD BAGGAGE ROOM.

a. Clothing for patients may be withdrawn from the Patients' Baggage Room from 8:00 A.M. until 4:00 P.M. Patients will be permitted to have access to suitcases and other baggage on such days and at such hours as may be specified by the officer in charge of the Patients' Baggage Room for special reasons on request of the Ward Surgeon.

b. Clothing of patients, etc. Patients granted passes will present their pass to the attendant in charge of the Patients' Baggage Room to serve as authority for the issue of such uniform and apparel as may be needed. They will change from hospital clothing to uniforms, turning in hospital clothing to the Baggage Room for storage until return from pass. Immediately on return to the Hospital, they will report to their ward and turn in their pass, after which they will proceed to the Baggage Room, turn in their street clothes and receive back the hospital clothing.

c. Upon death of a patient, the Medical Officer in attendance at time of death will make an immediate search of the deceased person's bed, bedside table, and the ward for clothing and other effects belonging to the patient. The clothing and effects that are found will be listed on Patient's Property Card, Form 75, M.D., in duplicate, which will be signed by the officer making the search, after which one form, together with such clothing and effects found will be delivered to the Patient's Baggage Room. The duplicate will be turned over to the Commanding Officer, Detachment of Patients. This search will be made in the presence of a witness who will, also, sign the form. (See, also, H.R. 15-20.)

d. Clothing of patients withdrawn for purposes other than indicated above. Clothing of patients may be withdrawn for purposes other than indicated above, only on presentation of request approved by the Ward Officer and Commanding Officer, Detachment of Patients. (See Paragraph 10-a.)

11. CARE OF GOVERNMENT PROPERTY BY PATIENTS. Patients are required to take extreme care in preserving the articles of hospital clothing and other property issued to them. They are forbidden to sell, barter, exchange, pledge, loan or give away to any person, any article of Government clothing or equipment furnished them.

12. LAUNDRY OF ENLISTED PATIENTS. Soiled, washable government issue clothing of enlisted patients in this Hospital will be laundered gratuitously, as authorized by the Surgeon General, on Form 21, Medical Department. Patients will not be permitted to deliver or call for their laundry under any circumstances, nor will they be permitted to wash their own clothing. All dirty washable clothing of patients found on admission should be properly bundled and labeled and sent to the laundry.

13. PATIENTS' BAGGAGE ROOM FACILITIES AVAILABLE TO OFFICER STATUS AND WOMEN PATIENTS.

a. The facilities of the Baggage Room are available to them for safekeeping of trunks and hand baggage, and they may deposit clothing and other effects not classed as valuables in the same manner described in Paragraph 2 above. Trunks will not be permitted

H. R. NO. 15-10 (Cont'd.)

in any ward. They may keep on the ward one small handbag or suitcase.

b. On admission, patients on officer status and women patients arriving by train will be questioned as to additional baggage as directed in Paragraph 3. When they are found to have such baggage, it will be handled in the manner directed.

c. Patients on officer status and women patients; when they have clothing and effects stored in the Patients' Baggage Room, will withdraw them as prescribed above.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 15-15)

H. R. NO. 15-15
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PATIENTS

CONDUCT

OPEN WARDS

1. POLICY GOVERNING CONDUCT. Upon admission to this Hospital, patients are under, the complete jurisdiction of the Hospital for administrative and disciplinary purposes. In all matters affecting duty, pay, clothing, passes, furloughs or disciplinary action, they are under the control of the Commanding Officer, Detachment of Patients. In all matters affecting treatment they are under control of the Ward Officer and the Chiefs of Service.

2. Compliance with orders from proper authorities is required.

3. Absence from Wards and Hospital.

a. All patients will be present in their proper wards for morning rounds of the Ward Officer from 9:00 A.M. to 11:25 A.M., and at such other times as may be required unless excused, except such patients as have been called to other buildings or clinics for examination or treatment or official interview.

b. Patients will not leave the main hospital pavilion without permission of Ward Officer or the nurse or ward master in charge of the ward and will not leave the hospital reservation without a pass.

c. Patients in hospital clothing are forbidden to leave the hospital reservation or loiter in the following areas:

- (1) Between main road and main hospital building in front of hospital.
- (2) Grounds in vicinity of Detachment Barracks.
- (3) Grounds in vicinity of officers' and nurses' homes.
- (4) Areas in the vicinity of the Central Heating Plant, Garage and Shop Buildings, Sewage Disposal Plant and the woods area bordering on Herrington Lake.

(5) In the corridors of the Hospital.

d. Patients will not visit the barracks of any of the detachments on duty at this Hospital, or the officers' or nurses' quarters.

4. QUIETNESS IN WARDS. Patients will maintain quietness in wards at all times. Boisterous, loud or obscene language is forbidden.

5. LIGHTS OUT IN WARDS. Bright lights in wards will be extinguished promptly at 9:00 P.M., and in ward recreation rooms at 10:00 P.M. When ward lights are extinguished, absolute quiet is required. Night lights may be kept on where necessary.

6. SMOKING IN WARDS. Smoking in wards is prohibited, except when especially authorized by Ward Officer. Smoking may be permitted in recreation rooms only. Smoking in bed is prohibited except for bed patients on permission of Ward Surgeon. In such cases, a responsible person will watch the patient while smoking. The throwing of lighted matches, cigars, or cigarettes in receptacles or on the floor is prohibited.

7. GAMBLING. Prohibited at all times.

8. Use or introduction of liquors or habit forming drugs is prohibited at all times without proper specific authority.

9. FINANCIAL DEALINGS WITH HOSPITAL PERSONNEL. Patients will not have financial dealings with any of the Hospital personnel.

10. CONDUCT AT MEALS. Hours for feeding of patients in the General Mess will be specified by the Mess Officer. Patients will not leave their wards until five minutes before specified time. Venereal patients will be marched to and from the Mess Hall by an attendant.

11. WEARING OF HOSPITAL CLOTHING.

a. Patients, other than officers and women, will wear hospital clothing except for other permitted articles (socks and shoes) while in the Hospital. Socks will always be worn with shoes.

b. Patients are forbidden to wear any article of hospital clothing while on pass.

c. When returning from pass, patient will immediately turn in his uniform and dress in hospital clothing.

d. Patients will not lie on beds with shoes on. They may lie on top of the bed provided feet are covered with socks or bed clothing.

12. Throwing of trash on walks or porches is prohibited.

13. CONVALESCENT PATIENTS AVAILABLE FOR LIGHT DUTY. Convalescent patients will be employed to assist in police work on the ward or other light work about the Hospital at the direction of the Ward Officer. A list of men available, approved by the Ward Surgeon, will be posted on the ward bulletin board daily.

14. CONDUCT OF PATIENTS IN ISOLATION WARDS. Upon admission of isolation patients to wards they will be assigned to the proper room and, thereafter, will remain in the room until the assignment is changed by the Ward Officer. Ward Officers in charge of isolation cases will, personally, instruct each patient on admission to this effect.

15. PATIENTS' COMPLAINTS. Patients having complaints will be granted a hearing by the Ward Officer who will institute such action as he may consider appropriate, or refer the matter to the proper authority. All complaints which cannot be adjusted satisfactorily, or, of a serious nature will be reported in writing by the Ward Officer to the Chief of his Service. A duplicate copy of this report will be sent to the Commanding Officer, Detachment of Patients, and then forwarded to the Commanding Officer.

16. ENFORCEMENT OF THESE REGULATIONS. All officers, nurses, non-commissioned officers, ward masters and other personnel having jurisdiction over patients in hospital will be held strictly accountable for the enforcement of these regulations.

17. REGULATIONS TO BE MADE KNOWN TO PATIENTS. A copy of rules concerning patients will be placed on all ward bulletin boards and all patients, whose physical condition permits, upon admission to a ward, will be instructed to read them and sign the regulations as having been read.

18. CLOSED WARDS. Whenever and wherever practical and applicable considering mental condition of patients in closed wards, the rules for open wards will apply. Patients, however, will not be required to read or sign these regulations. A copy of these regulations will be kept posted in the Nurses' Office and Ward Master's Station, and all duty personnel will tactfully explain rules to patients and train those who are cooperative in carrying them out. Paragraph 3-b and c, 11-b generally will not be applicable to closed ward patients.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

H. R. NO. 15-15 (Cont'd.)

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 15-20)

H. R. NO. 15-20
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PATIENTS

PATIENTS' DEATHS

1. ADMINISTRATIVE AND CLERICAL JURISDICTION. The Registrar will exercise administrative and clerical jurisdiction over all details in connection with deaths which occur at this Hospital. This duty will include the preparation and rendition of the necessary certificates, routine reports and records incident thereto, the notification to relatives of the death, and the necessary arrangements with them for the prompt and satisfactory disposal of remains. In the performance of the aforementioned duties, the Registrar will be governed by the provisions of Army Regulations and such other pertinent official orders and instructions as may be issued to him. See A.R. 600-500. For special reports in case of death of Medical Department Personnel, see Paragraph 19-a (2), (3), (4), A.R. 40-590.

2. NOTIFICATION OF APPROACHING DEATH. In case of approaching death, the Head Nurse or nurse in charge will notify the Ward Officer, or in his absence, the Professional Officer of the Day. The Chaplain will also be notified at the same time.

3. PROCEDURE ON DEATH OF PATIENT. The body will not be removed from the ward until death has been pronounced by a Medical Officer. Before removal of remains from the ward, two "Death Tags" (Form 23, D.G.H.) properly prepared and signed by the Medical Officer in attendance at time of death, will be securely tied; one to the right toe and one to the left wrist of the cadaver. Immediately after a Medical Officer has pronounced a patient dead, complete or extensive partial dentures will be placed in position in the mouth and the mouth closed; the body thoroughly washed; and the eyes closed by using a thin wisp of cotton inserted beneath the lower lid and extending up onto the cornea, the upper lid then closed over it. The rectum and vagina, in female patients, will be plugged by a wad of cotton approximately one inch in diameter. In male patients, a piece of gauze will be tied about the penis to prevent the leakage of urine. No material will be inserted in the mouth, nose or ears, and no bandages applied to support the jaw. Surgical dressings will be left in place unless they are saturated with discharge, in which event they will be removed and clean dressings applied. The body will then be wrapped, completely but loosely, in clean sheets, and a third death tag affixed thereto. Upon completion of the above, the body will be removed from the ward on a wheeled litter, or by ambulance, and transported to the morgue. When bodies

are placed on the litter for transportation, they will be so draped with blankets as to conceal the fact that there is a corpse on the litter, and to give the impression, as nearly as possible, that a patient is being transported. The medical officer in attendance is responsible for the proper preparation of the remains and delivery to the mortuary where the chief of the laboratory service becomes responsible.

4. RENDITION OF DEATH REPORT.

a. Immediately upon the death of a patient, the "Death Card", Form No. 17, D.G.H., will be initialed and accomplished in duplicate by the Medical Officer in attendance and promptly dispatched by him to the Administrative Officer of the Day, who will note and initial both forms, sending the duplicate to the Chief of the Service concerned. The Administrative Officer of the Day, will then turn the original copy over to the attendant on duty in the Receiving and Disposition Office, with instructions to notify each office indicated on the form, and to then deliver it to the Registrar in person or his non-commissioned officer representative without delay. Should the Officer of the Day be unavailable to take immediate action on the Death Card, the non-commissioned officer in charge of the Receiving and Disposition Office will proceed to notify each office indicated on the form and then deliver it without delay to the Registrar in person or to his non-commissioned officer representative. The action of the non-commissioned officer in charge of the Receiving and Disposition Office will be verified by the Administrative Officer of the Day at the earliest practicable moment and the Death Card initialed by him.

b. Notification of Death. Should the death occur outside of office hours, the Administrative Officer of the Day will retain the Death Card in his personal possession and take immediate action to transmit the necessary death notification indicated below:

- (1) The Adjutant General, Washington, D. C. Telegraphic notification of the prescribed form (Model of form on file in the Receiving and Disposition Office) will be made for each person enumerated below, whether on active duty status or retired status, who dies at this Hospital:

Officer.

Army Nurse.

Warrant Officer.

Cadet, U.S. Military Academy.

Enlisted Man.

Contract Surgeon.

Accepted Applicant for Enlistment.

Military Prisoner.

Enlisted Man discharged at this Hospital and remaining in Hospital to date of death.

(2) Relatives and friends. (In all deaths regardless of status of deceased).

- (a) Telegraphic notification of the prescribed form (Model of form on file in Receiving and Disposition Office) will be made to the nearest relative or other person designated to be notified in case of an emergency, as shown on Form 55a of the Clinical Record. If such notification is made to relatives other than husband or wife, the latter will be similarly notified if either is known to exist and the address is available.
- (b) Telephonic notifications may be made to relatives and friends living in nearby towns if made personally by the Administrative Officer of the Day and the fact of such notification is entered on the Death Card over his signature. In telephonic notification, relatives should be requested to communicate with the Registrar at 9:00 A.M., the following morning, or as soon as possible thereafter for the purpose of making the necessary arrangements for disposition of the remains.
- (c) Upon completion of action taken in preceding paragraph, the Administrative Officer of the Day will hold both death cards in his possession until the beginning of office hours the next day when the original will be transmitted to the Registrar who, after the necessary action has been taken by his office, will file it with the death records of the Hospital. The duplicate will be sent to the Chief of Service concerned.

5. DISPOSITION OF BED CARD ON DEATH OF PATIENT. Immediately upon the death of a patient, the bed card, properly accomplished by the Medical Officer in attendance, will be sent to the Receiving and Disposition Office, there to be noted on the A. and D. sheet, after which the card will be transmitted to the Registrar for file.

6. RECORD OF DEATHS TO BE ENTERED ON GUARD REPORT. A record showing the date and time of death, name, rank, organization, or other status of deceased will be entered on the Guard Report for the twenty-four (24) hour period during which the death has occurred.

7. RESPONSIBILITY OF THE CHIEFS OF LABORATORY SERVICES.
The Chief of the Laboratory Service is responsible for the protection and proper care of bodies of deceased persons from the time a body is received in the morgue until it is disposed of in accordance with proper instructions. In all cases where remains are prepared at Government expense, he will assure himself that the remains are prepared in accordance with sanitary regulations and will be responsible for the preparation of the remains for burial or shipment, including verification of the employment of the undertaker and effective and scientific embalming processes, including vessel injection and ligation after autopsy. He will see that the body is properly and completely clothed and ready to be placed in the casket. He will make inspections of the body during the undertaker's preparation of remains and a final inspection immediately before disposition of the body and will verify the identity of the deceased and the disposition thereof as required by Army Regulations. He will submit a signed report in each individual case to the effect that he has inspected the remains, that the remains have been properly prepared and clothed, and that he has verified the identity of the deceased at time of disposition. This report will be transmitted to the Registrar and filed with the medical record of the case. The removal of remains from the hospital will not be authorized by other than the Registrar. Under no circumstances, however, will a certificate of death be signed by other than the Registrar or the Chief or the Executive Officer of the Medical or Surgical Service. Whenever the remains of a female person are placed in the morgue, a guard will be placed upon it until such remains are removed.

8. POST MORTEM. Autopsies will be done only by the Chief of the Laboratory Service or his assistant, on the written authority of the Commanding Officer in each case. No Medical Officer on the operative staff of the Surgical Service will actively participate in any autopsy.

9. MONEY, VALUABLES AND EFFECTS OF DECEASED PATIENTS.
Upon death of a patient, the Medical Officer in attendance at time of death will make an immediate search of the deceased person's bed, bedside table and ward for money, valuables, paper, clothing and other effects belonging to the patient. Any money, valuables, or important papers found will be itemized on Deposit Form, Form No. 11, D.G.H., in duplicate, which will be signed by the officer making the search. This search will be made in the presence of a witness who will, also, sign the forms. After this action the forms, together with any money or valuables found, will be delivered to the Custodian of Patients' Funds and Valuables who will receipt and return the duplicate to the officer making the deposit and file the

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original. Clothing and effects, other than money and valuables that are found will be listed on Patient's Property Card, Form 75, M.D., in duplicate, which will be signed by the officer making the search, after which one form, together with such clothing and effects found will be delivered to the Patient's Baggage Room. The duplicate will be turned over to the Commanding Officer, Detachment of Patients. The Commanding Officer, Detachment of Patients, is charged with the proper disposal of money, valuables, clothing and effects of deceased patients. In the event the legal representative or the widow of a deceased person subject to military law, is not present the Summary Court Officer will carry out the provisions of the 112th Article of War.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.D.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 15-25
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

DISCHARGE ON DISABILITY

2. ACTION BY WARD OFFICER.

b. When a Ward Officer is of the opinion that a case in his ward has a disability which permanently unfits him for further military service, he will obtain from the Registrar all Clinical Records of the soldier during previous admissions to this Hospital. When the case has reached maximum improvement, the Ward Officer will furnish the Registrar, through the Chief of Service, on Form 13, D.G.H., data for preparing Certificate of Disability for Discharge. All Clinical Records in the case will be forwarded to the Chief of Service with the Form No. 13, D.G.H. The Chief of the Service, if he approves the action of the Ward Officer, will initial Form 13, D.G.H., and forward it to the Registrar.

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Board. The forwarding indorsement will be prepared by the Registrar for the signature of the Adjutant. After action by the Disability Board, the Clinical Records will be returned to the ward concerned.

4. ACTION ON APPROVED CERTIFICATE OF DISABILITY. Upon the receipt of an approved Certificate of Disability for Discharge, the Commanding Officer, Detachment of Patients, will effect the discharge of the patient and take the necessary action to comply with Paragraph 16, A.R. 615-360. (See also Regulation under Discharge of Patients, H.R. No. 10-50.)

5. CONTEMPLATED DISABILITY CASES OCCURRING AMONG THE ENLISTED MEMBERS OF THE PERMANENT COMMAND. When the discharge for disability of an enlisted member of this command is contemplated, his detachment commander will indorse the soldier's service record as prescribed by existing regulations to the Commanding Officer, Detachment of Patients, and will, at the same time, transfer all personal effects which have been in store in his custody, to the Patients' Baggage Room and obtain a receipt therefor. The Commanding Officer, Detachment of Patients, will dispose of the case in the same manner as other cases in Hospital.

6. ACTION TO BE EXPEDITED. Prompt action is directed on the part of all concerned in the disposal of disability cases.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

which they desire to deposit with the Custodian of Patients' Funds and Valuables for safekeeping. They should be urged to safeguard their funds and valuables in this manner, and will be distinctly informed that the Hospital authorities will not be responsible for loss of either funds or valuables not so deposited.

3. ACCOMPLISHMENT OF PATIENTS' DEPOSIT CERTIFICATES ON ADMISSION. After being informed as indicated in preceding paragraph, the following procedure will be followed:

a. For patients desiring to make deposits. Patients desiring to make deposits will sign the local deposit form (Form 11, D.G.H.) in triplicate, acknowledging that they have been informed relative to making deposits and itemizing separately thereon the funds and valuables they wish to deposit. The admitting officer will sign all copies of the receipt for money or articles deposited and deliver one copy to the patient. The original and triplicate copies, accompanied by the money and valuables listed thereon, will be transmitted by the admitting officer, personally, to the Custodian of Patients' Funds and Valuables as soon as practicable. The Custodian will acknowledge receipt by signature on each copy, returning the triplicate copy to the officer originally receiving the deposit, and file the original copy for future reference.

b. For patients having no money or valuables in their possession. Patients having no money or valuables in their possession will, nevertheless, be required to sign the local deposit form (Form 11, D.G.H.) acknowledging that they have been informed relative to making deposits. The word "None" will be noted under each of the appropriate headings on the form. In such cases only one copy of the form will be prepared and signed by the admitting officer, and it will be submitted to the Custodian of Patients' Funds and Valuables by the admitting officer not later than 9:00 A.M., the following day.

c. When patients are admitted who appear to be incapable, mentally or physically, to follow the procedure outlined in a and b above or who are admitted for mental observation, the following procedure will be followed:

- (1) A careful and thorough search of patient's person and effects will be made by the admitting officer, personally, who will take therefrom any money, valuables or dangerous articles which he may find. This search will, ordinarily, be conducted in the presence of a witness, whose signature will be obtained on the form.
- (2) Attendants accompanying patients for admission, will be asked whether or not any money

and valuables belonging to patient are in their possession. Any article delivered by attendants, together with those found on patient's person, will be itemized, in quadruplicate, on local deposit form (Form 11, D.G.H.), which will be signed by the attendant, when there is one, and receipted by the admitting officer. The form will be suitably altered for the purpose indicated and a notation will be made thereon as to the reason for the patient's not executing the form. In addition, notation will be made of the name and status of attendant. The duplicate copy will be furnished the attendant. The original, triplicate and quadruplicate copies, together with the money and valuables, will be taken by the officer accomplishing the form, as soon as is practicable, to the Commanding Officer, Detachment of Patients, who will receipt and return the quadruplicate copy to the officer originally receiving the deposit, deliver the triplicate copy to the ward to which the patient is assigned, and file the original for future reference. When no funds and valuables are delivered by attendants or found on patient's person, but one copy of the form (Form 11, D.G.H.) will be accomplished by the admitting officer, in which case the word "None" will be noted under each of the appropriate headings on the form, and the form signed by the attendant and the admitting officer. It will be sent to the Commanding Officer, Detachment of Patients, not later than 9:00 A.M., the following day.

- (3) When such patients are unaccompanied by attendants, the procedure will be the same as prescribed in subparagraph c (1) and (2), except that, when money and valuables are found on patient's person, the admitting officer will accomplish the form in triplicate only, all copies being taken to the Custodian of Patients' Funds and Valuables, who will sign all copies, return the triplicate to the officer originally receiving the deposit, deliver the duplicate to the ward to which the patient is assigned, and file the original for future reference.
- (4) In the event of the transfer of a patient from an open ward to a closed ward, the ward officer

of the ward from which the patient is transferred, or in the absence of the proper ward officer, the Professional Officer of the Day, will make a search of the patient's person, clothing, bed, bedside table and of the ward storage space for money, valuables and dangerous articles belonging to the patient. Any money, valuables or dangerous articles found, will be itemized on the local deposit form (Form 11, D.G.H.), in triplicate, and signed by the officer making the search. This search will, ordinarily, be made in the presence of a witness who will, also, sign the forms. After this action, the forms, together with any money or valuables found, will be delivered in person by the officer making same to the Commanding Officer, Detachment of Patients, who will sign all copies, return the triplicate to the officer making the search, deliver the duplicate to the ward to which the patient is transferred, and file the original for future reference.

- (5) Prior to an operation involving the use of a general anesthetic, or in any circumstances where the patient will be rendered unable or incompetent to care for his money and valuables as he may have in his possession, the ward officer of the ward to which the patient is assigned, or, in his absence, the Professional Officer of the Day, will take from the patient all such money and valuables. Such money and valuables taken from the patient will be itemized on the local deposit form (Form 11, D.G.H.), in triplicate and all copies of the form signed by the patient and by the officer making the same, the duplicate to be given to the patient. After this action, the forms, together with any money or valuables found, will be disposed of as described in subparagraph 3-c (4).
- (6) Whenever a patient is reported as seriously ill or is incompetent for any reason to care for his money and valuables, the ward officer of the ward to which the patient is assigned will make an immediate search of the patient's person, bed, bedside table, clothing and of the ward storage space for any money and valuables belonging to the patient and will then proceed as in subparagraph 3-c (4) above.

4. SUBSEQUENT DEPOSITS MADE WHILE PATIENTS ARE IN HOSPITAL.

a. Patients who desire to deposit money or valuables during their stay in hospital will, if their physical condition permits, make such deposits, personally, with the Commanding Officer, Detachment of Patients, who will prepare and receipt Form 11, D.G.H., in duplicate, delivering the duplicate to the patient and filing the original for future reference.

b. Patients on closed wards who receive funds or valuables or make deposit in person will make same through their ward officer, who will prepare Form 11, D.G.H., in triplicate and deliver the money or valuables in person to the Commanding Officer, Detachment of Patients. The Commanding Officer, Detachment of Patients, will acknowledge receipt by signature on each copy of the Form 11, D.G.H., returning the duplicate and triplicate to the officer making the deposit, who will deliver the duplicate to the patient and retain one copy. The original will be filed by the Custodian for further reference.

5. WITHDRAWAL OF FUNDS AND VALUABLES.

a. Patients on open wards desiring to withdraw their personal funds and valuables will do so in person if their physical and mental condition will permit, delivering their Form 11, D.G.H., to the Commanding Officer, Detachment of Patients, and signing for funds and valuables withdrawn. The ward officer of the ward to which the patient is personally known to the Custodian of the Patients' Funds and Valuables.

b. Patients, except mental patients, desiring to withdraw funds or valuables who are not physically able to personally come to the office of the Commanding Officer, Detachment of Patients, will deliver the deposit receipt, Form 11, D.G.H., to their ward officer in person. The ward officer will, in turn, represent the patient in the office of the Custodian of Patients' Funds and Valuables, make the requested withdrawal and sign for same.

6. HOURS FOR DEPOSITS AND WITHDRAWALS. Deposits will be turned over to the Custodian of Patients' Funds and Valuables between 9:00 A.M. and 4:00 P.M., daily, with the exception of Sundays and legal holidays, when the hours will be from 9:00 A.M. to 11:30 A.M. Money or valuables of patients may be withdrawn between 9:00 A.M. and 11:00 A.M., with the exception of Sundays and holidays.

7. FUNDS AND VALUABLES OF DECEASED PATIENTS. Upon the death of a patient, the ward officer, or, in his absence, the Professional Officer of the Day, will make an immediate search of the deceased person, his bed and bedside table and of the ward for clothing, money, papers, letters, valuables, or other effects belonging to the patient. Any money or valuables found will be itemized on the local deposit form

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(Form 11, D.G.H.), in duplicate and the form signed by the officer making the search. This search will, ordinarily, be made in the presence of a witness who will sign the form. After this action, the forms, together with any money and valuables found, will be delivered immediately in person by the officer making same to the Commanding Officer, Detachment of Patients, who will sign both copies, deliver the duplicate to the officer who presented same, and file the original for future reference. If death occurs during closed office hours, the officer will deliver them at 9:00 A.M., the following day. (See, also, Paragraph 9, H.R. 15-20.)

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)

NO. 15-35)

H. R. NO. 15-35

DARNALL GENERAL HOSPITAL

Danville, Kentucky

February 5, 1942

PATIENTS

NON-PAY STATUS

1. METHOD OF DETERMINING NON-PAY STATUS. Every person in the active military service absent from duty on account of disease as distinguished from injury resulting from the intemperate use of drugs or alcoholic liquors, or other misconduct, does not receive pay for the period of such absence in excess of 24 hours, whether or not the disease was contracted prior to or after enlistment. Exceptions: In cases of venereal disease, where symptoms justify absence from duties subsequent to more than one year after the date of the initial symptoms, or primary lesion, such illness is not regarded as within the purview of A.R. 35-1440 and payments are authorized. When a patient is admitted to the hospital for two or more disabilities, one of which comes within the purview of A.R. 35-1440, the major disability (cause of admission) will determine his pay status. In such cases, if the need for hospitalization for the cause of admission ceases and the patient remains in the hospital for the condition under purview of A.R. 35-1440, the date of cessation of treatment for the major condition will be date of a change in pay status of the patient, and will be so reported by the ward officer on diagnosis slips to the Registrar through the Chief of Service.

2. PROCEDURE WHEN A MILITARY PATIENT IS PLACED ON A NON-PAY STATUS. When it has been determined that a military patient is suffering from a disease resulting from misconduct within the purview of A.R. 35-1440, and in accordance with Paragraph 1, above, the ward officer will immediately notify the patient and advise him that he will be placed on a non-pay status. The patient will be informed that if he objects to such status, he may present his objections and furnish therewith any evidence of facts which he may desire to have considered. In the event objections are presented, they will be forwarded, together with all medical papers in the case, through the Chief of the Service, and the Commanding Officer, Detachment of Patients, to the Commanding Officer, for final decision. Should objections be presented and forwarded, as prescribed herein, the patient will, nevertheless, be placed on a non-pay status and reported to the Registrar, in the same manner as indicated below, pending final decision in the case. Patients placed on a non-pay status will acknowledge notification of such fact in a signed statement on the progress sheet of their Clinical Record in the following form:

"I have been notified that under the provisions of A.R. 35-1440, I am being placed on a non-pay status and that such status is effective beginning (Date - - - - -)".

(sgd) John Doe (r-46217)

Pvt., Col. C, 20th Inf.

3. REPORTS RENDERED IN CONNECTION WITH NON-PAY STATUS OF MILITARY PATIENTS.

a. By Ward Officers. When a military patient is placed on a non-pay status, the Ward Officer will immediately send the Registrar a diagnosis slip showing that the disease is not in line of duty, A.R. 35-1440 applies, and the date that stoppage of pay becomes effective. The Ward Officer will make immediate report to the Registrar on a ward diagnosis slip, the date and fact of termination of non-pay status of a military patient.

b. By the Registrar. After receipt of either of the reports referred to in the preceding subparagraph a, the Registrar will (except when the military records of the patient are on file locally) dispatch formal notification by letter to the patient's proper Commanding Officer, of the facts of change of status, with the request that he acknowledge receipt of such notification by indorsement. In cases where military records of the patient are on file locally, a signed notification, as indicated above, will be furnished the Detachment Commander concerned, by the Registrar.

4. PROCEDURE UPON DISAGREEMENT WITH FINDINGS OF HOSPITAL FROM WHICH MILITARY PATIENTS WERE TRANSFERRED. Should the Ward Officer have reason to doubt the correctness of the findings determined at the post from which a patient has been received by formal transfer, he will forward a report of his findings and recommendation to the Commanding Officer, through the Chief of Service and through the Commanding Officer, Detachment of Patients. The Commanding Officer, upon receipt of such a communication, will convene a board of three Medical Officers, as prescribed in Paragraph 3 (b), A.R. 345-415, to investigate such facts as may be brought to its notice. The findings of such board, after approval by the Commanding Officer, shall be final in the case.

BY ORDER OF COLONEL CHAPPLLL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

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H. R. NO. 15-40
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PASSES, FURLONGHS AND SICK LEAVE

2. CLASSIFICATION. All patients, except those on an officer's status and women, will be required to have a written pass on leaving the Darnall General Hospital reservation. Passes will be of two kinds:

b. Special -

(2) Not to exceed 24 hours for officers, civilians, enrollees of the Civilian Conservation Corps and beneficiaries of the Veterans Administration.

4. PASSES.

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Commanding Officer, Detachment of Patients, will scrutinize all passes carefully, satisfying himself that the signatures are genuine. He will, personally, interview all patients desiring special passes. He will authenticate original copies of passes by his signature or office stamp. If a pass is disapproved, that fact will be clearly indicated by him. Originals of all passes approved or disapproved will be returned to the ward from which received.

b. Patients granted passes will change from hospital clothing to uniform before departing on pass. Immediately upon return to the Hospital, they will report to their proper ward, turn in their pass, and change from uniform to Hospital clothing at the Clothing and Baggage Room. If the baggage room is closed for the day, clothing will be stored in ward clothing room until the next morning. A notation will be made upon their pass as to the hour of their return. Should it appear that a patient has overstayed his pass, a notation will be made on the original, and both the original and duplicate will be returned by 9:00 A.M. the following morning to the Commanding Officer, Detachment of Patients. Should a patient fail to return, notation to that effect will be made on the duplicate form and the form returned to the Commanding Officer, Detachment of Patients, with the other passes. Originals and duplicates of all other passes will be destroyed by the Ward Officer or his assistants.

5. Patients who have not returned from pass at the expiration thereof, will be reported as A.W.O.L. on the Ward Morning Report. Should the patient still be absent at 9:00 A.M., of the next morning, action will be taken in reference to his Clinical Record as indicated.

6. FURLOUGHS. Furloughs will not be granted enlisted patients unless under exceptional circumstances or for therapeutic reasons. When such furlough is deemed necessary, the Ward Officer will prepare a memorandum, giving in detail, the reason for the furlough, forwarding it through the Chief of the Service to the Commanding Officer, Detachment of Patients, who, if no administrative reason exists against granting the furlough, will prepare the furlough form and submit it to the Headquarters, Darnall General Hospital.

7. SICK LEAVES, PATIENT OFFICERS. Sick leaves will be granted patient officers at this Hospital under the provisions of A.R. 605-115, - Sick Leaves, Patient Officers. See Paragraph 1, H.R. 15-40, for exceptions.

8. A patient who desires a sick leave may submit a written application for such to his Ward Officer. Should the latter deem this leave beneficial to the officer concerned, he will forward the application, with his recommendation, to the Chief of Service, including in his forwarding indorsement, the data required by Paragraph 17-b, A.R. 605-115. After approval by the Chief of Service, the application will be transmitted to the Commanding Officer for final action.

9. PASSES FOR OFFICERS.

a. Patients on the status of officer will not leave the Hospital without permission of the Ward Officer or the immediate officer responsible for their care, nor will they remain away from the Hospital after twelve midnight without special permission from him in each case.

b. Passes will not exceed 24 hours under any circumstances.

c. A pass book for officers will be maintained on each open officer's ward and the patient will "sign out" before departure and "sign in" upon his return. The time of departure, the destination, and the time of return will be entered in each case.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.



HOSPITAL REGULATIONS)
)
NO. 15-45

H. R. NO. 15-45
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PATIENTS

SERIOUSLY ILL

1. SERIOUSLY ILL LIST.

a. Rendition of report in a Seriously Ill case by a Ward Officer. In every case when recovery from illness or operation is not expected or is considered doubtful, the Ward Officer in charge of the case will enter the patient's name on the list of seriously ill proper form, as prescribed in Paragraph e below, and then prepare and sign a "Report of a Seriously Ill Case", in triplicate, the data thereon to be complete in every detail, as indicated on the form. Particular attention will be given to that portion of the form which has reference to the name, relationship, and address of the person to be notified in case of emergency. Upon accomplishment of the form, one copy will be transmitted immediately to the Administrative Officer of the Day for the action indicated in Paragraph 2, below. If nearest relative is present in the ward or has been notified, such fact will be noted on the form, the local address and telephone number will be secured and immediately transmitted to the Administrative Officer of the Day with information as to the name of the patient concerned. Upon receipt of this report, the Administrative Officer of the Day will enter the information on the list of seriously ill maintained in his office, after which he will immediately deliver it to the Registrar. As soon as possible after a patient's name is placed on the seriously ill list, the Ward Officer will collect his money and valuables for safekeeping and turn them in to the Custodian of Patients' Funds and Valuables. Tact will be used in handling this matter so as not to unduly alarm the patient. In the absence of the Ward Officer, the above procedure will be carried out by the Professional Officer of the Day or any other medical officer who may be called in attendance. The duplicate report will be sent to the Chief of Service. The triplicate will be filed in the Clinical Record.

b. Action by Officer of the Day upon receipt of a Report of a Seriously Ill Case. Upon receipt of a report of a seriously ill case, the Administrative Officer of the Day will enter the patient's name on the list of seriously ill maintained in his office, after which he will immediately deliver it to the Registrar for the action indicated below. He will then advise the Chaplain of the patient's condition. In the event the Officer of the Day receives the report of a seriously ill case at a time other than the regular office hours of the Hospital, he will take such steps towards notifying the relatives or friends and placing the patient's name on the seriously ill list in the Information

Office as are prescribed for the Registrar below.

c. Action by Registrar upon receipt of Report of a Seriously Ill Case. Upon receipt of a report of a seriously ill case, the Registrar will immediately place the patient's name on the list of seriously ill cases maintained in his office, notify the Information Office and see that the patient's name is placed on the list of seriously ill maintained in that office. He will then take such action towards notifying the relatives or friends as may be indicated, after which the form, accompanied by a copy of the telegram or letter of notification, will be retained in a live file until final disposition of the case has been made. In the event of a patient's death, the form will be appended to the death records of the case.

d. Procedure When Seriously Ill Condition of Patient Ceases. When a patient who has been reported seriously ill is considered out of danger, the Ward Officer in charge of the case will remove his name from the list of seriously ill maintained in the Ward Office and will then prepare and sign a "Report of Removal from Seriously Ill List" proper form, in triplicate, and forward one copy of the report to the Administrative Officer of the Day. Upon receipt of the report, the Administrative Officer of the Day will immediately remove the name of the patient from the list of seriously ill maintained in his office and forward the report to the Registrar. Upon receipt of the form, the Registrar will immediately remove the name of the patient from the seriously ill list maintained in his office, take the necessary steps to see that the name is removed from the list maintained in the Information Office, and take such action toward notifying the relatives or friends of the patient as may be indicated. The duplicate will be sent to the Chief of Service. The triplicate filed with the Clinical Record.

e. Lists of Seriously Ill - Where Maintained.

- (1) A list of seriously ill will be maintained in the following offices:

Office of the Administrative Officer
of the Day (All cases).
Registrar's Office (All cases).
Information Office (All cases).
Each Ward Office (Cases on the Ward).
Chiefs of Service Offices (Cases on the
Service).

- (2) The lists maintained in the office of the Administrative Officer of the Day, Registrar's Office and Information Office, will carry the name of all patients who have been reported seriously ill, until such time as "Report of

Removal from Seriously Ill List" is received.

- (3) Ward Officers will keep a list of all patients in their wards who have been reported seriously ill, in conformity with Paragraph a, above. The list will be prepared on proper form and will be conspicuously displayed at all times on the nurse's desk and checked daily by the Ward Officer to see that it is kept up to date and that the names of those patients who are no longer seriously ill have been reported as prescribed in Paragraph d, above.

f. Procedure when a Seriously Ill Patient is Transferred to Another Ward. When a patient carried on the seriously ill list is transferred to another ward, the transferring office will remove his name from the list maintained in his ward and make the following notation in a conspicuous place on the face of the triplicate Ward Transfer Slip. "Patient on Seriously Ill List." The Ward Officer of the ward to which the patient is transferred will place the patient's name on the seriously ill list of that ward as soon as possible after the transfer is completed.

- (1) One copy will be sent to the ward to which patient is transferred.
- (2) One copy to the Chief of Service.
- (3) One copy to the Administrative Officer of the day. This copy will be routed as prescribed for the Seriously Ill Report under Paragraph 1-b and c, H.R. 15-45. All offices receiving the report will make appropriate changes in their lists of seriously ill.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 15-50)

H. R. NO. 15-50
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PATIENTS

TRANSFER BETWEEN WARDS

1. WARD TRANSFER SLIP. Should a Ward Officer deem advisable, the transfer of a patient from his ward to some other ward, he will cause a Ward Transfer form to be prepared in his ward and forwarded to the Chief of Service for approval. The name of the patient will be printed or typed on all Ward Transfer Slips.
2. TRANSFER WITHIN SERVICE. If no inter-service transfer is involved, the approval of the Chief of Service to whom the Transfer Slip is submitted will be sufficient authority for the change.
3. INTER-SERVICE TRANSFER. If a change of service is involved when a patient is transferred, the Transfer Slip will be forwarded, after approval to the Chief of Service under whose jurisdiction the patient is being treated, to the Chief of the new Service for approval. After approval by the latter, the slip will be returned to the Ward Officer, and the transfer accomplished.
4. DISPOSITION OF TRANSFER SLIP AFTER APPROVAL BY CHIEF OF SERVICE. After approval by the Chief of Service, the Transfer Slip and the complete Clinical Record of the case will be sent, in charge of an authorized attendant, with the patient to the new ward and delivered to the nurse, or, in her absence, the attendant on duty. The nurse or the attendant on duty in the ward to which the patient is being transferred will note on the Transfer Slip, the hour and date the patient was received and then return the slip to the attendant who brought the patient. This attendant will deliver the Transfer Slip immediately to the office of the Receiving and Disposition Officer. Report of this transfer will be made on the Morning Report of both the transferring and Receiving Ward. Upon receipt of a Ward Transfer Slip, the Receiving and Disposition Officer will note the transfer in the "Daily Report of Ward Transfers, etc." for the day and return the Ward Transfer Slip to the new ward for file with the patient's clinical record.
5. TRANSFER BETWEEN WARDS WHEN A CHANGE OF DIAGNOSIS IS INVOLVED. If upon cure of one condition, a patient is transferred to another ward for treatment for an additional ailment, the Ward Officer of the Ward from which the patient is transferred will render a report of cure of the original condition, with the date, on a diagnosis card, to the Registrar. A duplicate of this card will be filed in the Clinical Record.

a. Example in a case having the following conditions:

No. 1 - Measles

No. 2 - Otitis media, acute suppurative, left
L. of D., 1 and 2, Yes.

On cure of Measles and transfer to a ward of the
E.N.T. Service, a diagnosis card will be
made out as follows, if not previously
reported to the Registrar: -

No. 1 - Measles - cured - date

No. 2 - Otitis media, acute suppurative, left
L. of D., 1 and 2, Yes.

If previously reported, the following will suffice:

Diagnosis No. 1 - Cured - Date.

Diagnosis No. 2 - Otitis media, acute suppur-
ative, L. D., Yes.

6. RECORDS TO BE COMPLETED BEFORE TRANSFER. Transfer be-
tween wards, except in emergency, will not be made until the Clinical
history has been brought up to date and all laboratory reports assoc-
iated with the diagnosis have been attached, unless the transfer is
being made to correct an obvious error in the patient's ward assign-
ment, and on authority of the Receiving and Evacuation Office.

7. PROCEDURE IN DOUBTFUL CASES. In doubtful cases, transfer
will not be made until after consultation.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

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HOSPITAL REGULATIONS)
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NO. 15-55)

H. R. NO. 15-55
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 4, 1943.

PATIENTS

VISITING HOURS AND VISITING

1. VISITING HOURS:

(1) GENERAL -

The regular visiting hours will be from 1:00 to 4:00 P.M.

(2) SPECIAL -

A. The relative may visit a seriously ill patient at any hour designated by the Chief of the Service or his representative.

B. Relatives who come from a long distance and who arrive at the hospital for the first time may visit patients, other than during regular visiting hours under the following conditions:

(a) The mental and physical condition of the patient, as determined by the Chief of the Service, or his representative, are such as to warrant visiting;

(b) That the ward situation is such that the ward personnel can supervise properly the visiting, either on the ward or in the designated visiting area;

(c) By special arrangements relatives may visit on the general medical and surgical ward between 6:30 and 8:00 P.M.

2. VISITING:

(1) GENERAL -

All relatives or friends who desire to visit patients will register in the book provided for that purpose in the Information Office, and at the proper time the visitors will be directed or escorted as indicated to the visiting room. Written passes for visiting will be issued when it is deemed desirable by proper authority.

(2) SPECIAL-

- A. CLOSED WARDS - Ordinarily only relatives or close friends will be permitted to visit patients in the Closed Wards. When a visitor registers and indicates the patient he desires to visit, the Information Office attendant will immediately find out from the Chief of the Psychiatric Service or the Ward Surgeon if the patient may be visited. If the visitor is entitled to special-hour visiting the Information Office attendant will contact the nurse to learn when it will be convenient for the ward personnel to supervise the visit and he will manage the visitor accordingly. Due consideration will be given to the convenience of all visitors. If it is not feasible for the patient to be visited, arrangements will be made immediately for the relative to confer with the patient's physician who will interview the relative and have proper contact made when indicated with the social service worker.
- B. ISOLATION WARDS - Visitors will not be permitted to visit any patient who is in isolation, except under unusual circumstances, and then only with special permission of the Ward Officer who will be responsible for the precautions to be taken.
- C. VENEREAL WARD -Visitors will not be permitted to visit patients under treatment on the venereal ward, or on a section of any other ward where venereal patients are treated.
- D. MISCELLANEOUS - The ward attendant who is supervising the visiting of the closed ward patient will be responsible that the visit of the relative is terminated at the proper time. The nurse or wardmaster will notify all other visitors when visiting hours are terminated for the day. Courtesy toward visitors will be maintained at all times.

BY ORDER OF COLONEL ODOM:

John D. Lamont,
Lt. Col., Medical Corps,
EXECUTIVE OFFICER.

OFFICIAL:

Archie M. De Lapp,
2nd Lt., M.A.C.,
ADJUTANT.

H. R. NO. 15-60
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PATIENTS' DIETS

HOSPITAL REGULATIONS)
)
NO. 15-65)

H. R. NO. 15-65
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PATIENTS

LINE OF DUTY BOARDS - DISPOSITION BOARDS

FRAUDULENT ENLISTMENT

REFUSAL OF MEDICAL, SURGICAL OR DENTAL TREATMENT

1. LINE OF DUTY BOARDS.

a. Army Regulations 345-415, Paragraph 1 c (4) (b) directs that in every case of injury, except battle casualty which, in the opinion of the Ward Officer is likely to result in a partial or complete disability and eventually be made the basis of a claim against the Government, the Commanding Officer, upon recommendation of the Ward Officer will convene a board of officers to investigate and report upon the circumstances attending the injury.

b. When a Ward Officer believes a case in his ward comes within the purview of the paragraph above, he will report the case to the Registrar. The report will include the name, serial number, grade and organization of the case in question; the nature and location of the injury or injuries for which patient is hospitalized and will be accompanied by a certificate as follows:

"I certify that, in my opinion, the injury or injuries incurred by - (give name, serial number, grade and organization) are likely to result in partial or complete permanent disability, and eventually may be made the basis of a claim against the Government."

c. Upon receipt of the report and certificate, the Registrar will:

- (1) In case of patients admitted from this Hospital:
Request the Commanding Officer to convene a board of officers to determine the line of duty.
- (2) In case of patients admitted by formal or informal transfer from other stations: Unless he has reason to believe that a board of officers has already been convened, prepare a letter for the signature of the Adjutant to the patient's proper Commanding

Officer requesting that a board of officers be convened to determine the line of duty. The letter requesting the Board of Officers will state where incurred, date, the nature and location of the injury or injuries for which the patient is hospitalized and the certificate will be appended as an enclosure.

d. In cases to be presented before the CDD board for disability due to injury, it is necessary that the line of duty status be determined by a Board of Officers referred to in 7 - c (1) and (2), before the case is presented for CDD.

e. The Professional Service concerned will determine as soon as possible after patient is admitted to the Hospital, if a line of duty board is required. Any unnecessary delay in making request for a line of duty board, when one is indicated, results in great difficulty in securing testimony of witnesses, due to frequent changes of station of officers and enlisted men who have knowledge of the facts of the case.

f. Upon receipt of a copy of approved findings of a line of duty board by the Registrar, he will refer it to the Unit Personnel Office and to the Sick and Wounded Office in order that they may extract such information as pertains to their respective offices. It will then be forwarded to the Ward Office concerned to note in the Clinical Record the findings of the board. He will then return the board proceedings to the Registrar for filing.

2. LINE OF DUTY BOARDS, RESERVE OFFICERS. Under the provisions of A.R. 35-3420, line of duty boards must be convened in all cases of Reserve Officers recommended for relief from active duty on account of physical or mental reasons or who suffer a personal injury or contract a disease which may require medical or hospital treatment after the termination of their active duty period or further needed treatment or hospitalization after return to their homes. Line of duty boards are not required for reserve officers hospitalized for disease or injury which in all likelihood will not have any further bearing on their medical records.

3. DISPOSITION BOARDS.

a. Whenever a Chief of Service is of the opinion that an officer, warrant officer or nurse on his service has reached maximum hospital treatment and should be disposed of other than by return to duty (i.e. placed before a retiring board; relieved from active duty, in the case of retired and reserve officer; transferred to another hospital; assigned to limited duty, etc.), such officer, warrant officer or nurse will be referred to the Disposition Board.

b. R.O.T.C. students, C.M.T.C. Trainees and members of the National Guard not in Federal Service will be referred to the Disposition Board prior to discharge from Hospital.

c. Reserve officers undergoing hospitalization after expiration of their tour of extended active duty will be referred to the Disposition Board prior to discharge from Hospital.

d. Officers hospitalization as a result of annual or promotion examination will be placed before the Disposition Board prior to discharge from Hospital.

e. Such other cases as may be directed by these headquarters or by higher authority will be referred to the Disposition Board prior to discharge from Hospital.

f. The Disposition Board will examine the patient and incorporate in the proceedings a brief synopsis of pertinent data contained in the Clinical Record, the final diagnosis, including line of duty, a statement as to the patient's physical fitness for active military service, and a specific recommendation as to final disposition. Proceedings will be prepared in sextuplicate. Form 63, Report of Physical Examination, will be attached to each copy of the proceedings.

4. FRAUDULENT ENLISTMENT.

a. A fraudulent enlistment is an enlistment procured by either:

- (1) A willful (i.e. intentional) misrepresentation in regard to any of the qualifications or disqualifications prescribed by law, regulation or orders for enlistment.

OR:

- (2) A willful concealment in regard to any such disqualification.

Misrepresentation and concealment include any act, statement or omission which has the effect of conveying what is known by the applicant to be an untruth or conceal what he knows to be the truth concerning qualifications or disqualifications for enlistment. Misrepresentation or concealment may be with respect to matters which, if truthfully stated or revealed, would induce an inquiry by the recruiting officer concerning the qualifications or disqualifications for enlistment, such as matters called for by questions as to previous service, previous applications for enlistment, previous illness, injuries and hospital or institutional care or treatment.

b. Patients who, in the opinion of the Ward Officer, are or will eventually come under the provisions of Section VI, A.R. 615-360 (Fraudulent Enlistment) will be immediately reported to the Registrar by means of a formal memorandum setting forth the patient's name, rank, serial number, date of admission, diagnosis and circumstances involved.

c. After the Registrar has secured the data he desires, he will transmit the report to the Unit Personnel Officer who will make appropriate entries on the patient's Service Record to suspend credits and payments. In case the patient's Service Record is not at this Hospital, the Registrar will institute appropriate action to inform the patient's proper Commanding Officer of the facts in the case.

d. Pending investigation and determination as to whether or not fraudulent enlistment is involved, the enlisted man concerned is not entitled to credits or pay.

e. Final statements are not furnished enlisted men, having no deposits, discharged by reason or of fraudulent enlistment.

f. In the large majority of cases, it is not consistent to hold patients responsible for fraud when they are suffering from a mental illness.

5. REFUSAL OF MEDICAL, SURGICAL OR DENTAL TREATMENT.

Section IV, General Orders, No. 18, War Department, 1918, and Section III, General Orders, No. 29, War Department, 1918, are rescinded and the following substituted therefor:

In time of war if a person in the military service refuses to submit to dental or surgical operations or dental, surgical or medical diagnostic procedures or dental or medical treatment, such person will be examined by a board of three medical officers convened by a corps area or department commander or a commander of a base or a general hospital, or a commanding officer of any post, camp, or station where there are four or more officers of the Medical Department on duty. If, in the opinion of the board, the operation or diagnostic procedure or medical or dental treatment advised is necessary to enable such person to perform properly his military duties and will normally have such effect, and he persists in his refusal after being notified of the findings of the board, he may be tried by court martial.

BY ORDER OF COLONEL CHAPPEL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

-155-

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT

HOSPITAL REGULATIONS)
)
NO. 20-5)

H. R. NO. 20-5
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PERSONNEL

ARMY NURSE CORPS AND NURSING SERVICE

1. STATUS. Relative to medical and sanitary matters and work in connection with the sick members of the Army Nurse Corps and other employed nurses are endowed with authority next after the officers of the Medical Department, and are, at all times, to be obeyed accordingly and to receive the respect due to their position.

2. PROCEDURE ON ARRIVAL. Upon arrival at this Hospital, all nurses will report immediately to the Principal Chief Nurse for instructions and assignment to duty.

3. PRINCIPAL CHIEF NURSE. The Principal Chief Nurse has supervision over all members of the Army Nurse Corps and the Nursing Service of this Hospital. She is charged with the instruction, assignment, discipline, performance of duty and conduct while on duty, of members of the Army Nurse Corps, and the assignment, performance of duty and conduct of civilian help employed for housekeeping purposes in the Nurses' Quarters. She will require all persons living in the Nurses' Quarters to conform to such general rules and regulations as may be prescribed. She is responsible for requisition, preservation and disposition of equipment of public property and sanitation and police in the Nurses' Quarters. She is responsible for the preparation and disposition of the records of her department, and for such other duties as are assigned her by Army Regulations or by the Commanding Officer.

4. HOURS OF DUTY. The hours of duty of all members of the Army Nurse Corps, and other nurses employed, will be as prescribed by the Principal Chief Nurse.

5. DUTIES OF SUPERVISORS, HEAD NURSES AND NURSES; REPORTS RENDERED BY.

a. Supervisors (General Duties). Qualified members of the Army Nurse Corps will be detailed, when necessary, as assistants to the Principal Chief Nurse, to supervise the nursing service of the Hospital during the day or night tours of duty. Hours of duty will be as prescribed by the Principal Chief Nurse.

- (1) Day Supervisors, Duties Of. The Day Supervisors will perform such duties as may be required of them by the Principal Chief Nurse.
- (2) Night Supervisors, Duties Of, Reports Rendered By. The Senior Night Supervisor is responsible for the nursing service during her period of duty. Nurses will apply to the Night Supervisor for instruction, when necessary, and will inform her, as soon as practicable, of any emergencies arising in their respective wards. Upon being relieved from duty in the morning, she will make a written report of any unusual incidents of the night and derelictions of duty on the part of the night nurses.

b. Head Nurses, Duties Of, Reports Rendered By.

The Head Nurse of the ward will serve as its responsible nursing head. Under the direction of the Ward Officer, she will have charge of the ward, patients, nurses, enlisted personnel and other persons assisting in the nursing care of the sick, and will be obeyed and respected accordingly. The Head Nurse will send the report of the nurses' time on duty to the Principal Chief Nurse, daily, not later than 7:30 A.M. on the form provided for the purpose. She will report to the Principal Chief Nurse concerning the efficiency of the nurses under her. She will be responsible for: -

- (1) The receiving and recording of all orders relating to the care and treatment of patients in her ward.
- (2) The proper administration of all medicines and treatments.
- (3) The procurement of and proper serving of all food in the wards.
- (4) The careful, accurate and legible preparation of all ward records and routine reports as required. In this connection, particular care will be taken in maintaining the ward narcotic register.
- (5) The safeguarding of keys of ward cabinets containing liquor, opiates and poison.

- (6) The care of the ward property and preparation of requisitions for needed supplies for the consideration and signature of the Ward Officer.
- (7) The cleanliness and order of the ward and its adjoining rooms.

c. Nurses, Duties Of, Reports Rendered By. Nurses will perform such duties as may be required of them by the head nurses of their respective wards, under the direction of the Ward Officer. They will make a report of the work of their ward to the Principal Nurse at 7:00 A.M. and 6:00 P.M., daily. In order to minimize night calls of the Professional Officer of the Day, night nurses obtain full instructions from him in regard to such matters as may be necessary when he makes his first evening rounds.

6. PROCEDURE OF NURSES ON RELIEVING OTHERS IN CHANGE OF WARDS. Charge nurses relieving others in wards will accomplish and sign the statement on the back of the "Ward Morning Report", showing the date and time they assumed charge and the number of patients to be accounted for, as shown by the ward records. In closed wards an actual physical count of all patients will be made before the statement referred to is accomplished. In other wards of the Hospital, a similar physical check will be made upon relief of the nurse in charge, between the hours of 6:30 P.M. and 9:00 P.M. Steps will be taken to satisfactorily account for absentees from this check, and when they cannot be properly accounted for, report will be furnished the Ward Officer, or, in his absence, the Administrative Officer of the Day.

7. NURSES' MESS.

a. The nurses' mess will function normally under the delegated authority of the Principal Chief Nurse. She will be responsible for the selection, purchase, storage, issue, preparation and serving of food for this mess. All bills contracted by her must be sent to the Custodian of the Hospital Fund promptly for payment.

b. A member of the Army Nurse Corps may be detailed in direct charge of the Mess. This nurse may, personally, make purchases of supplies required, or may request that they be made through the Mess Officer. She will be responsible for their economical use. She will check the daily bills and will keep record of all her transactions. She will direct, and be responsible for, the work of the employees in the kitchens and dining rooms.

c. Members of the Army Nurse Corps, Special Nurses, Physiotherapy Aides, Dietitians and such other employees as may be authorized, may be subsisted in the Nurses' Mess. At the end of each month or upon departure from the Hospital by reason of transfer, leave extending over the end of the month, etc., members of the Army Nurse

Corps, Special Nurses, Physiotherapy Aides, and all others subsisted at the Nurses' Mess, will pay into the Hospital Fund, for each day they have been furnished meals, the amount prescribed in Army Regulations. A statement showing clearly the amounts due from the above groups, number of days, per diem rates and amount of credit allowed for Mess Attendants subsisted in the Nurses' Mess will be submitted to the Mess Officer by the Principal Chief Nurse at the end of each month, together with the vouchers to be paid by him. The total amount of the vouchers will not exceed the total amount of credits.

d. Hours for meals in the Nurses' Mess will be prescribed by the Principal Chief Nurse.

8. NURSES' FUNDS.

a. Funds accruing to the Nurses' Mess from commutation of rations, donations from guests, messing charges from aides, technicians and other civilian employees, may be used to provide means for contributing to the welfare, comfort, pleasure, contentment, and physical and mental improvement of those to whom the fund pertains.

b. The Custodian of the Hospital Fund will keep a record of all funds accruing from this course and keep the Principal Chief Nurse informed of the amount available for recreational and other purposes as indicated in the above paragraph.

c. The Principal Chief Nurse may procure, when authorized by the Commanding Officer in each instance, such articles as may be required for the purposes mentioned above, submitting the bills therefor to the Custodian, Hospital Fund.

d. The following quotation is taken from 1940 S.G.O., Circular No. 1, Paragraph 15 (3): "Nurses are included to a limited extent in the benefits of the hospital fund as outlined in A.R. 210-50, Paragraph 4, and they should receive due credit for funds turned in by them that fund from all sources; including commutation of rations, donations accruing from their guests, messing charges from aides, technicians and other civilian employees authorized by the Commanding Officer to subsist at the Nurses' Mess. These credits, in addition to the procurement of food, may be used to provide means for contributing to the welfare, comfort, pleasure, contentment, and mental and physical improvement of the members of the Nurses' Mess. Expenditures for any benefits not authorized from appropriated funds, from credits accruing to the nurses in the hospital fund, shall be as desired by the nurses with the approval of the Commanding Officer". (See also circular letters of S.G.O. which lists items for which expenditures of Nurses' Funds are prohibited.)

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 20-10)

H. R. NO. 20-10
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PERSONNEL

CIVILIAN EMPLOYEES

1. SUPERVISION. The Adjutant, Post Quartermaster and Utilities Officer will exercise administrative supervision over civilian employees assigned to the Medical Department, Quartermaster Corps, and Utilities Office, respectively.

2. PHYSICAL EXAMINATION.

a. A physical examination will be given applicants for all positions to determine the physical fitness of the applicant to perform the duties required, except in the case of temporary employees. This examination will be made by the Out Patient Section and no person will be employed who fails to pass the required physical examination.

b. All civilian barbers and male civilian food handlers will be examined at time of employment and once each month thereafter, by a medical officer to determine their freedom from communicable diseases. To accomplish this, the head of the department concerned, that is, the Director of Dietetics, Chief Nurse and Post Exchange Officer will each furnish the Chief of the Out Patient Section a list of all barbers or food handlers in their respective departments. This list will be in duplicate and transmitted to the Chief of the Medical Service between the 10th and 15th of every month. Upon receipt of the list referred to above, the Chief of the Medical Service will arrange for the examination and, upon completion thereof, furnish a certificate to the head of the department concerned, setting forth the result of the examination so far as communicable diseases are concerned. In the event that a communicable disease is discovered, the Chief of the Medical Service will direct the employee to report to his home for treatment by his physician, or hospitalize the case if such action is necessary to protect this command, or recommend to the Commanding Officer his discharge from the service depending on the circumstances and the character of the disease.

c. The Post Exchange Officer, Chief Nurse, and Mess Officer will each keep a record showing the names of employees, the date of examination upon employment and result thereof, and the dates and results of subsequent monthly examinations. The certificates furnished by the Chief of the Medical Service will be retained as part of this record.

3. HOURS OF DUTY.

a. Clerks and Stenographers. 8:30 A.M. to 12:00 Noon, and 12:30 P.M. to 5:00 P.M., except Sundays.

b. Other Employees. The 48 hour week will govern. Hours of duty as prescribed by the officer in charge.

4. ABSENCE ON ACCOUNT OF SICKNESS. Employees absent from duty on account of sickness will report such fact immediately to the officer in charge of their department or office. Upon return to duty, a physician's certificate will be furnished as required by War Department regulations. If such certificate is satisfactory to the officer in charge, the employee may be paid for the time absent on account of sickness, if not in excess of that allowed by law.

5. INJURIES IN LINE OF DUTY. An employee injured in line of duty will report as soon as possible to the Out Patient Section for examination and treatment. A report of such injury will be rendered to the Adjutant, Utilities Officer or the Quartermaster as soon as practicable, on the form provided by the Employees' Compensation Commission (Form C.A. 1).

6. LEAVES OF ABSENCE.

a. Except as noted under b, requests for leave of absence will be forwarded to the Commanding Officer for approval through the officer in immediate charge of the employee.

b. Requests for leave of absence from the Quartermaster and Utility Officer employees will be forwarded direct to the Quartermaster or Utility Officer who is authorized to take final action on the request within the prescribed limits.

c. Leaves of absence will be so regulated as to interfere least with the work of the Hospital.

7. ABSENCE FROM DUTY. Heads of departments and services will promptly report the beginning and termination of all absences from duty of civilian employees to the Adjutant, Quartermaster or Utility Officer, as indicated.

8. RESIGNATION. An employee desiring separation from the service will submit his resignation to the officer in immediate charge of the employee.

9. RELIEF FROM DUTY. Upon being relieved from duty prior to transfer to another station or separation from the service, civilian employees will be required to obtain a clearance from those departments of the Hospital with which they have had financial or property

dealings. Employees residing in the Nurses' Quarters will report to the Chief Nurse, prior to their departure on leave or relief from service, for the necessary clearance, and should at the same time leave their address.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 20-15
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

COMMISSIONED, PERMANENT COMMAND

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for which they are responsible. A clearance form will be required for officers departing on change of station, or leave prior to change of station. Officers departing on leave of absence will report their departure to the Adjutant and to the Administrative Officer of the Day. A similar procedure will be followed upon their return.

3. PERSONAL INFORMATION. Each officer on duty at this Hospital will keep the Adjutant advised as to the following:

- a. Marital status.
- b. Adult members of the family.
- c. Residence address and telephone number.

4. BULLETIN BOARD. All officers will read the bulletin board daily.

5. RELIEF FROM DUTY.

a. Officers being relieved from duty will obtain a clearance form from the Adjutant and complete all details required by this form, including approval by the Adjutant prior to departure. If desired, they may retain a duplicate copy for their personal use.

b. They will report their departure to the Commanding Officer and office of the Officer of the Day immediately before departure.

6. OFFICERS' ASSEMBLIES.

a. Administrative conference will be held at such time as prescribed by the Commanding Officer.

b. Hospital Staff Meeting -- Mondays at 3:00 P.M. of one hour duration.

c. Service Staff Meeting -- one each week at such hours as prescribed by Chiefs of Services.

7. AUTOPSIES. Medical Officers will attend autopsies unless prevented by urgent duties. The laboratory officer will be charged with notification of all officers. The autopsy proceedings will be conducted by the Chief of the Laboratory Service or his assistants. As part of these proceedings, the officer in charge of the case will present a brief resume of the case with the ante-mortem diagnosis. Certificate of death will be prepared as agreed upon by the Pathologist and Clinician.

8. CIVILIAN PRACTICE. In reference to Civilian Practice, the following Army Regulation, Paragraph 8, A.R. 40-505, is quoted for

the information and guidance of all concerned: "If a citizen residing in the neighborhood of a military station or the residence of an Army medical officer desires the professional services of such officer, and the services of a private practitioner acceptable to him cannot conveniently be obtained, it is regarded as not inconsistent with the regulations governing the Army for such officer to tender his services when this does not interfere with the proper performance of his official duties. Private or civil practice by Army medical officers in civilian communities, the needs of which are being satisfactorily met by civilian practitioners will ordinarily be restricted to consultation practice with such civilian practitioners, and to emergency medical or surgical work necessary to save life or limb or prevent great suffering for which civilian practitioners are not immediately available. The establishment by a medical officer of an office for the purpose of engaging in civil practice is prohibited."

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. No. 20-20
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

ENLISTED

and the non-commissioned officer in charge of the professional service will submit to the detachment commander concerned, by 9:00 A.M., daily, a list of all enlisted personnel under their respective jurisdiction who desire passes and whose services may be spared for the time specified. Pass forms will be accomplished by the detachment commanders and finally approved by them if for a period of 24 hours or less. Should the period of absence exceed 24 hours, authorized by Army Regulations, the pass will be transmitted to the Adjutant for approval.

c. Furlough. Applications to be absent for a period greater than 72 hours will be made as "furlough applications" and submitted directly to the Detachment Commander concerned.

5. LIGHTS IN BARRACKS AND SERVICE CLUB. Lights will be extinguished in the barracks at 9:00 P.M. Lights in Service Club may burn until 11:00 P.M.

6. SLEEPING OUT OF QUARTERS. Enlisted men are prohibited from sleeping out of quarters unless authorized to do so by Detachment Commander.

7. UNIFORM. Present orders prohibit the wearing of civilian clothes except for wearing exercise clothes going to, returning from, and while at physical exercise. The uniform will be such as prescribed by regulations and the Commanding Officer.

8. DAILY SCHEDULE HOURS. The following hours, for reasons specified, will be observed:

<u>Reveille</u>	6:00 A.M.
<u>Breakfast</u>	
Day Personnel.....	6:30 A.M.
Night Personnel.....	7:15 A.M.
Patients	
Diet Carts.....	6:50 A.M.
Table Service.....	6:30 A.M.
Cafeteria Service.....	7:00 A.M.
<u>Fatigue Call</u>	7:00 A.M. & 1:00 P.M.
<u>Recall</u>	11:30 A.M. & 4:00 P.M.
<u>Dinner</u>	
Duty Personnel.....	11:30 A.M.
And.....	12:00 Noon
Patients	
Diet Carts.....	11:30 A.M.
Cafeteria Service.....	11:30 A.M. to 12:00 Noon

Sick Call

Week Days..... 9:30 A.M.
Saturdays, Sundays and holidays.10:00 A.M.

Supper

Duty Personnel..... 4:30 P.M.
And..... 5:00 P.M.

Patients

Diet Carts..... 4:30 P.M.
Cafeteria Service..... 4:30 P.M.
To..... 5:00 P.M.
Retreat..... 5:00 P.M.

9. ISSUE OF CLOTHING. As provided for in A.R. 35-6560.

10. LAUNDRY SERVICE. Enlisted men will be responsible for laundry of their personal clothes. Bed linen, issue white uniform clothing will be laundered at Government expense. Exceptions: while on furlough, sick in Hospital, on detached service or in confinement, or married and excused by the Company Commander. Enlisted men may take advantage of one of laundry firms collecting at the Hospital at charge of Quarters Office.

11. PROMOTIONS AND RATINGS. Chiefs of Services and Heads of Departments of this Hospital, having enlisted personnel assigned to duty under their jurisdiction, who believe they merit promotion or specialists ratings, should write a recommendation to that effect to the Detachment Commander concerned. These recommendations shall be retained in the office of the Detachment Commanders and when vacancies occur, they will be referred to before promotions or specialist ratings are awarded. The officers submitting the recommendations should be guided, in each case, as to the qualifications of the individual, bearing in mind that for promotions to the grade of private first class, soldierly qualities are of paramount importance; such as, military bearing, suitability for various assignments, loyalty to superiors, neatness and continued good conduct; while for specialists ratings, the special experience aptitude training and qualifications for the position for which the rating is authorized should be considered first. In connection with recommendation for specialists ratings, attention is invited to Paragraph 6 a, A.R. 615-20.

12. GOVERNMENT PROPERTY. It is the duty of every one in the service to preserve and safeguard Government property at all times. The members of the Detachments are responsible for the care and safeguarding of Government property where they are on duty, as well as the property issued to them and recorded and receipted for on Individual Equipment Record. Losses of and damages to property should be reported at once. The wrongful selling or trading of Government property is a serious offense. Individual equipment and clothing

should be kept clean and foot and wall lockers should be kept neatly packed and locked at all times. All unserviceable clothing and equipment should be returned to the Detachment Supply Office. All men going on detached service, furlough, or being admitted to the Hospital, if able, will, before leaving, turn in all equipment, surplus clothing and effects to their respective Detachment Supply Office.

13. NON-COMMISSIONED OFFICER IN CHARGE OF QUARTERS.

a. The Commanding Officer, Detachment Medical Department, will detail a permanent non-commissioned officer in charge of quarters.

b. The duties of the non-commissioned officer in charge of Medical Detachment quarters will be to preserve order and discipline in the barracks of the Detachment Medical Department. He will make such inspections as to sanitation and police as the Commanding Officer, Detachment Medical Department, may prescribe. He will be in charge of the billeting of the detachment. He will maintain in his office a file of the members of the detachment showing their bed number and place of duty. When members of the detachment absent themselves without leave, he will secure at once the effects of the absentee and turn them in to the Detachment Property Office, making proper list and record of his action. He will notify the enlisted members of the operating room staff and the enlisted men on emergency duty in the laboratory when their services are needed. He will awaken the cooks at the proper time and will make the rounds of the barracks to see that the other members of the detachment are up and in a condition to perform their duties at the proper time.

c. A suitable enlisted man will be detailed as an assistant to the First Sergeant of the Quartermaster Detachment whose duty will be to see that the detachment barracks are maintained in a proper state of police at all times; also, that the laundry of the members of the detachment is collected, properly listed and forwarded to the laundry at the prescribed time.

14. EMERGENCY ROSTER. The Commanding Officer, Detachment Medical Department, will prepare, daily, a roster of six Privates and Privates First Class, Medical Detachment, who will be available for emergency duty. This roster will be sent to the office of the Non-commissioned Officer in charge of quarters where it will be posted. A copy will, also, be posted on the Detachment Bulletin Board. The men so detailed will not leave the reservation during their tour of duty, and will keep the non-commissioned officer in charge of quarters notified of their whereabouts.

15. TRAINING. The period of training and subject matter to be covered will be published as required.

16. VENEREAL PROPILAXIS. All members of the Detachments who have had illicit sexual intercourse will, at once, upon their return to this Hospital, report to the designated station and there receive such cleansing and prophylactic treatment as may be prescribed by the War Department, unless they have previously and after the last illicit intercourse taken prophylactic treatment at some other military prophylactic station.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 20-25)

H. R. NO. 20-25
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PERSONNEL

DETACHMENT QUARTERMASTER CORPS

1. JURISDICTION. All members of the Detachment Quartermaster Corps on duty at this Hospital will function under the immediate jurisdiction of an officer of the Quartermaster Corps designated as the Commanding Officer, Detachment Quartermaster Corps, who will be responsible for their training, conduct, assignment to duty, efficiency, and administration. Whenever an officer of the Quartermaster Corps, other than the Post Quartermaster, is designated as Commanding Officer, Detachment Quartermaster Corps, the Post Quartermaster will maintain general supervision over the Detachment Quartermaster Corps and will be responsible for its efficiency and good administration.

2. REGULATIONS GOVERNING.

a. The Commanding Officer, Detachment Quartermaster Corps, will issue and enforce such orders and regulations as may be required to insure the good order and efficiency of his organization.

b. In addition to such orders and regulations as may be prescribed by the Commanding Officer, Detachment Quartermaster Corps, members of the Quartermaster Corps on duty at this station will fully comply with all orders, rules and regulations of general application relating to conduct, uniform, appearance, hygiene, etc., as are prescribed for the Detachment Medical Department in Hospital Regulations No. 20-20, and such other orders and regulations as may be prescribed from time to time.

c. The Commanding Officer, Detachment Quartermaster Corps will institute and maintain the action necessary to assure enforcement of these Regulations.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 25-5
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PROFESSIONAL DIVISION

1. GENERAL. Professional Division consists of seven services; viz., Dental, Laboratory, Medical, Neuropsychiatric, Nursing, Radiological and Surgical.
2. DUTIES OF CHIEF OF SERVICE. The Senior Officer assigned to a service shall be known as Chief of Service. His duties and responsibilities are: -
 - a. General supervision of service.
 - b. Recommendation to the Commanding Officer for assignment of officers to sections, wards and other activities within the service.
 - c. Examination and correction of Clinical Records before transmittal to Registrar.
3. ASSISTANT CHIEF OF SERVICE. In addition to his other duties, an officer may be detailed as Assistant Chief of Service by the Chief of Service.
4. CHIEF OF SECTION. The Senior Officer assigned to a Section will be known as Chief of Section and will be responsible for that section and will submit Monthly Reports of the activities of the Section to the Chief of Service.
5. DISPOSITION BOARD.
 - a. This board will consist of Chief of Medical Service, Chief of Neuropsychiatric Service, Chief of Surgical Service and Ward Officer concerned.
 - b. Officers, including officers of the Reserve Corps on extended active duty, Warrant Officers, and Cadets of the U.S. Military Academy, whose physical condition may require action by a retiring board, separation from the service, transfer to obtain a more suitable environment, special report to higher authority, assignment to limited duty, or transfer to another hospital, will be brought before the Hospital Disposition Board by the Chief of the Service concerned. The complete medical history, report of physical condition and recommendations as to disposition will be prepared for the information of the Board by the Ward Officer.

6. REPORTS.

a. The Chief of each Professional Service will require every Chief of Section on which out patients are treated, to maintain an out patient index in conformity with the requirements of A.R. 40-1070, and to report to him on Form No. 111, D.G.H., in duplicate, at the end of each month, the out patients treated on their respective sections. He will retain one copy of this report and forward the other to the Commanding Officer.

b. Patients in Hospital will be reported. Patients in Hospital seen in the Out patient Service proper by various consultants representing the different hospital services will be included in the report of the Chief of Section.

7. Chiefs of Services will, on the last day of each month, submit to the Commanding Officer a record of the activities of their service.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

- a. All military personnel requiring emergency treatment.
- b. Patients in Hospital for dental treatment only.
- c. Patients in Hospital where focal infection has a probable bearing on their hospitalization.
- d. All military personnel of this Hospital.
- e. All military personnel on active duty where dental treatment is not otherwise provided for.
- f. Retired personnel, when practicable.
- g. Dependents of active duty personnel when practicable.

5. DENTAL EXAMINATION AND TREATMENT OF PATIENTS IN HOSPITAL.

Except in cases of closed ward and emergency, patients in the Hospital who require dental examination and report, or dental treatment, will be sent to the Dental Clinic at 9:00 A.M. daily, except Sundays and holidays, accompanied by Form 55-E-4, prepared in duplicate. This report will show the patient's name, status, etc., whether referred for treatment or examination, or both, the patient's diagnosis, his probable duration of hospitalization, together with any remarks pertinent to the case, with special reference to the presence of syphilis in the infectious stage, whether the case is of an emergency nature and requires immediate attention and whether bedside examination is required. This form will not be entrusted to the patient, but delivered to the office of the Chief of the Dental Service at, or prior to the time the patient reports. Upon completion of the examination of patient, the dental officer making the examination will note the result on both the original and duplicate form 55-E-4, return the original to the Ward Officer and file the duplicate with the records of the Dental Service. The routine dental examination of patients in Hospital is not contemplated and will not be requested unless there be occasion for such examination. Leaves, furloughs, or passes which might interfere with dental treatment will not be granted without consultation with the Chief of the Dental Service. In forwarding requests for dental patients the dental service should be informed of essential reactions which may be expected. If patients should not be examined in the clinic, request should be made for examination on the ward. Patients on closed ward should be called for as needed.

6. DENTAL TREATMENT OF OUTPATIENTS.

a. Officers and members of the Army Nurse Corps on duty at this Hospital who require dental treatment will report directly to the Chief of the Dental Service for appointment. The Dental Service will secure forms 258 A.G.O. from the Unit Personnel Office for proper notations in all cases, except regular officers.

b. Enlisted men of the various duty detachments who require dental treatment will have their names placed on the daily Sick Report to the officer in charge of the Dispensary, who will refer them to the Chief of the Dental Service accompanied by Form 55-E-4 and Form 258 A.G.O.

7. DENTAL EMERGENCY OFFICER. A Dental Officer will be detailed by roster by the Chief of Dental Service for the purpose of examining patients referred to the Dental Service for examination, for the treatment of emergencies, and for the survey of enlisted men of the command as required by Army Regulations. Dental Officers, detailed on this roster, will serve as Dental Emergency Officer in rotation for periods of one week; the weekly tour will begin and end at 9:00 A.M. each Monday. During his tour he will keep the Officer of the Day's office constantly informed where he can be reached by telephone. The Chief of the Dental Service will furnish the Adjutant with the name of the officer to be detailed as Dental Emergency Officer at least twenty-four (24) hours before the detail becomes effective.

8. APPOINTMENTS. The Chief of the Dental Service will notify the Ward Officer when patients in the Hospital are given dental appointments. Ward Officers will be responsible that patients under their charge for whom dental appointments are made, report to the Dental Clinic promptly at the designated hour, or if such patient is unable to keep the appointment, will be responsible that the Chief of the Dental Service is so notified in advance.

9. PROCEDURE IN SPECIAL CASES.

a. Patients with suspected fracture of the jaw will be referred to the Dental Service immediately upon admission. In the event the patient is admitted at other than duty hours, the Dental Emergency Officer will be notified.

b. When a patient is admitted to the Ward for Dental treatment only, the Ward Officer will immediately notify the Chief of the Dental Service who will expedite treatment with a view to his early discharge.

10. RESPONSIBILITY FOR DENTAL PATIENTS IN THE HOSPITAL. The Ward Officer of the ward to which a patient in the Hospital for "dental treatment only" has been assigned, is responsible for the discipline, care, etc., of the patient. The Dental Service will be responsible for the completion of the Clinical Record except that which applies to the physical examination. The physical examination will be accomplished by the Ward Officer of the ward to which assigned, except such notations as should be made by the Dental Surgeon.

11. REPORTS.

g. The Chief of the Dental Service will advise the Ward Officer one day in advance of the contemplated discharge of the patient. The Dental Officer will then complete the Clinical Record and forward it to the ward office concerned.

b. The Chief of the Dental Service will furnish Ward Officers, upon whose patients dental treatment has been performed, a copy of the patient's dental record form, which will show a summary of the dental treatment given, and the diagnosis and operations and dates. This will be attached to and become a part of the Clinical Record.

12. Dental Officers will be responsible for notations required on form 258 A.G.O., in military patients, except officers of the regular army, treated as outpatients. (Note: The number of dental officers on duty at this Hospital may be too few to assign one dental officer to each section a separate duty. Under such circumstances, one dental officer will be assigned to one or more sections or duties so as to cover all services required.)

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 25-20
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

EYE, EAR, NOSE AND THROAT SECTION

2. CHIEF OF SECTION. The Senior Medical Officer assigned to duty in the Section will be in charge thereof and will be known as the Chief of Section. He will assign to duty all personnel allotted to his department and hold them responsible for the proper performance of their duties. He will supervise and be responsible for the administration, sanitation and police of the wards and clinics pertaining to his Section, for the professional care and treatment of patients therein and for the correct completion of their Clinical Records before transmitting them to the Registrar.

4. TREATMENT OF OUTPATIENTS. Outpatients will be treated in the Eye Clinic or the Ear, Nose and Throat Clinic, only, when referred thereto by the Chief of Outpatient Service. They will not be required to pass through the Outpatient Service, however, for subsequent treatment of the initial ailment.

a. When a Hospital patient is referred to the Eye Clinic or the Ear, Nose or Throat Clinic for examination, the Ward Officer will prepare and sign, in duplicate, either M.D. Form No. 55-E-3, "Eye Case Record", or M.D. Form No. 55-E-2, "Ear, Nose and Throat Case Record", and forward it to the Clinic. On receipt of the form, the ward will be advised as to the date and hour the patient is to appear for examination. On completion of the examination or treatment, the original will be returned to the ward.

b. Routine examinations and routine hearing and vision tests will be made by the Ward Officer. Only in cases of suspected eye, ear, nose and throat pathology, will patients be referred to this section for examination and report. A copy of the completed report will be returned to the ward for file with the Clinical Record.

c. When an outpatient is referred to the Eye, or the Ear, Nose and Throat Clinic by the Chief of the Outpatient Service, two copies of M.D. Form No. 55-E-3, "Eye Case Record", or M.D. Form No. 55-E-2, "Ear, Nose and Throat Case Record", whichever is applicable, will accompany him. When the required treatment or examination has been made, a report will be prepared and sent to the Chief of Outpatient Service. The original will be filed in the Clinic. Required entries will be made on A.G.O. Form 258.

6. RECORDS.

a. The Chief of Section will maintain an outpatient index as prescribed in Paragraph 10, A.R. 40-1070, and will be responsible for the proper indexing and recording of all pertinent data concerning all outpatients examined and treated.

b. The Chief of Section will prepare reports or operation (Form 55k, M.D.) for all operations performed in the Eye, Ear, Nose and Throat Operating Room, the original of which will be transmitted to the proper ward officer for file with patient's Clinical Record and the duplicate filed with the records of the Clinic.

BY ORDER OF COLONEL CHAPPLIN:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
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ADJUTANT.

HOSPITAL REGULATIONS)
NO. 25-25)

H. R. NO. 25-25
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PROFESSIONAL

LABORATORY SERVICE

1. GENERAL. This service functions as a part of the Professional Division.

2. CHIEF OF SERVICE.

a. Duties:

- (1) General charge of Laboratory.
- (2) To supervise the performance of such examinations as are requested by Ward Officers and to report findings directly to the Ward Officers.
- (3) General charge of the morgue -- including care of bodies of deceased persons (until turned over to proper undertaker), performance of post mortems and biopsy examinations, preparations of protocols and biopsy reports and the preservation, classification and disposition of gross specimens.
- (4) Such laboratory service and consultation in matters of sanitation as are required by A.R. 40-315.
- (5) Such other duties as the Commanding Officer may direct.

b. Special Regulations:

- (1) Emergency detail. There will be at least one Commissioned Officer in the laboratory during the period of regular duty and a competent enlisted or laboratory technician will be on emergency call duty, throughout the 24 hours.

- (2) Record of examinations. There will be maintained in the laboratory a record of all examinations made. Blood donor index cards autopsy proctocols, card index of surgical pathological reports, and blood serology reports will be permanent. All other duplicate laboratory reports will be kept for a period of three months and then destroyed.
- (3) Reference Patients on Mental Wards. Securing of specimens from patients on closed wards will, except in special cases, be obtained on the ward.
- (4) Procedure in requesting examinations.
 - (a) Request for laboratory examinations will be made in duplicate on Medical Department blank forms provided for that purpose.
 - (b) Routine specimens and requests (except from Outpatient Department) will be sent to the laboratory not later than 9:30 A.M. Specimens and requests from the Outpatient Department may be sent to the laboratory at any time during office hours. Specimens will be brought to the laboratory in suitable trays by Ward Attendants and not by patients.
- (5) Request for emergency examinations will receive prompt attention and have precedence over routine work. Extreme care will be exercised in making emergency requests and in cases such requests will be signed by the Medical Officer.
- (6) Laboratory requests on Sundays and holidays will be limited to emergency examinations.
- (7) Blood Serology. Specimens for routine blood serology will be collected on Mondays and Thursdays. Ambulatory patients will report to the laboratory between 8:00 and 10:00 A.M. Specimens from female and bed patients will be collected on the wards by laboratory personnel. The request for bed patients will bear the notation: "bed patient" and number of bed, and will be forwarded to the laboratory before 10:00 A.M. All first requests

for blood serology at this laboratory will be accompanied by the serology care (form 55-L-3), properly executed.

- (8) Blood Chemistry. Specimens for blood chemistry examinations will be collected from hospital patients on Wednesdays and Saturdays. Glucose tolerance, icterus index and Rosenthal tests will be made by appointment. Patients whose condition permits will be sent to the laboratory at 7:00 A.M., without breakfast. In the case of bed patients and all female patients in the Hospital, the specimens will be obtained on the ward by laboratory personnel. Emergency examinations will be made on any day requested.
- (9) Spinal Fluid. Spinal fluid for serological examination will be collected by a Medical Officer designated by the Chief of Service concerned, in sterile containers furnished by the laboratory. Specimens accompanied by the proper request will be delivered to the laboratory not later than 11:00 A.M. on Mondays and Thursdays. It is essential that spinal fluid be sent to the laboratory immediately after removal from the body, and that cell counts be made at once.
- (10) Tissue for Histo-Pathological Examination. All tissues will be accompanied by the proper form properly executed. Tissues which are not sent immediately to the laboratory should be placed in 10% formalin which can be obtained at the laboratory. When a frozen section is desired, the pathologist will be notified as early in advance as is practicable.
- (11) Protein Hypersensitiveness. Examination for protein hypersensitiveness will be made in the laboratory by appointment. Requests on proper form will be forwarded to the laboratory and will specify the nature of the affection and the type of protein suspected. (Pollen, food, epidermal or bacterial.)
- (12) Requests for sterile solutions for intravenous use will be signed by the officer making the request.

- (13) Use of proper containers. Proper containers will be used in every case. Containers may be obtained from the laboratory. Specimens will be properly labeled with the name of the patient and the ward to which assigned. The use of adhesive plaster for specimen labels is prohibited.
- (14) Autopsies. Will be performed only upon the written authority of the Commanding Officer in each case.
- (15) Preservation of specimens. Valuable and interesting specimens obtained in operations or autopsies will be preserved and forwarded to the Army Medical Museum accompanied by pertinent data. A.R. 40-130.
- (16) Disposition of Bodies.
 - (a) Bodies of deceased persons will be properly prepared and removed to the morgue as required by Hospital Regulations. Bodies of deceased persons admitted to the morgue will be placed there in correct posture. Care will be exercised to prevent turning of the head, extreme flexion or extension of the neck, or mal-position of the extremities. Undue pressure by winding sheets or otherwise, especially on the face, will be avoided. During routine duty hours, this is a responsibility of the Chief of Laboratory Service. Outside of routine duty hours the responsibility rests on the officer who determines the fact of death. The Chief of Laboratory Service, or his representative, will be responsible for the care of the bodies held in the morgue, and will turn them over to the undertaker only on the written authority of the Registrar or Administrative Officer of the Day. Whenever the remains of a female are kept in the morgue, a guard will be placed over the morgue. The Chief of the Laboratory Service is responsible for making requests for this guard when needed. In his absence, the officer who determines the fact of death. The morgue will be kept locked except when in use.

(b) The person removing the bodies from the morgue will acknowledge a receipt thereof upon a Registrar's order authorizing removal. This record will be filed in the laboratory.

1. The Chief of the Laboratory Service or his assistant will act as the Commanding Officer's representative to supervise the preparation of the remains for burial, including verification of the employment of the undertaker, of effective and scientific embalming process where embalming is required, including vessel injection and ligation after autopsy. Interstate and local ordinances concerning burial and shipment of remains will be scrupulously observed.
2. He will, also, act as an inspector for the Quartermaster, and, as such, will require the undertaker to fulfill the terms of his contract of employment.
3. He will, also, inspect each body after it is properly clothed (see Paragraph 8, A.R. 30-1820), and ready to be placed in the casket and will file in the Hospital a signed record of the fact of the compliance with the above requirements.

(17) Blood Transfusions.

(a) The Chief of the Laboratory Service has full responsibility for the inauguration and control of an efficient method of providing blood donors. He will select a sufficient number of donors and keep a list available. He will make a monthly medical check of donors and have a monthly physical examination of them made by the Outpatient Section. He will prepare written instructions governing the selection of donors and necessary medical supervision. Records will be by card index system. Each donor will be examined by the officer making the request for

donor who will note the result of the examination before starting the transfusion.

- (b) Requests for blood transfusions. These will be prepared in triplicate and sent to the Chief of Laboratory Service, who will secure a suitable donor by making the necessary serological studies. He will complete the laboratory section on the form and forward it to the officer requesting transfusion. The charge nurse of the operating room will be contacted and will designate the time and place for the transfusion. The Chief of the Surgical Service will, upon request, designate an officer from his service to actually perform the transfusion.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
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H. R. NO. 25-30
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

MEDICAL SERVICE
GENERAL PROVISIONS

-187-

General Medical Section
Officers' Section
Cardio-Vascular-Renal Section
Communicable Disease Section
Gastrointestinal Section
Out Patient Section

2. CHIEF OF SERVICE. The Senior Medical Officer assigned to duty with the Medical Service will be in charge thereof and will be designated as the Chief of Medical Service. He will make recommendations to the Commanding Officer as to assignment of assistants, will supervise and be responsible for the administration, sanitation, and police of the Sections, wards and clinics pertaining to his service and for the professional care and treatment of patients therein and the correct completion of their Clinical Records before transmitting them to the Registrar.

3. ASSISTANT TO THE CHIEF OF THE MEDICAL SERVICE. An officer of the Medical Service may be detailed on recommendation of the Chief of Medical Service as assistant to the Chief of the Medical Service.

4. CHIEF OF SECTION. Each of the sections listed in Paragraph 1, above, will be conducted by a designated medical officer who will be known as Chief of Section. He will be responsible to the Chief of Service for the administration of operations of his section and care and treatment of all patients therein.

5. WARD OFFICER AND CLINIC OFFICER. Ward Officers and Clinic Officers are responsible to the Chief of Section for the administration, police and sanitation of their wards and clinics and for the professional care of patients assigned thereto.

6. STAFF MEETINGS. The Chief of the Medical Service will arrange routine assemblies of all officers of his service at least once weekly. The purpose of these meetings will be to discuss administrative and professional matters pertaining to his service and report unusual cases which present diagnostic difficulties.

7. REPORTS. The Chief of the Medical Service will submit, at the end of every month, a consolidated report in duplicate of the number of outpatients treated and number of treatments administered to outpatients in the various sections of his service. With this object in view, he will cause every Chief of Section on which outpatients are treated to maintain an outpatient index in conformity with the requirements of A.R. 40-1070.

8. CONSULTATIONS.

a. The Chief of the Medical Service will consider all "Requests for Consultations" made to and within his service,

approving or disapproving as he deems best. In cases of approval, he will designate the consultant by name.

b. Consultation, ordinarily, will not be requested until a complete history has been taken and a thorough physical examination has been made, together with such routine laboratory data as would be helpful to the consultant in forming an opinion of the case. Emergency requests for consultation will be considered and acted upon with the least practicable delay.

c. Consultants, after completing their examinations, will enter their opinions in writing together with any recommendations which they may desire to make and return the completed reports to the Chief of Service concerned for inclusion in the patient's Clinical Record.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 25-35)

H. R. NO. 25-35
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PROFESSIONAL

MEDICAL SERVICE
CARDIO-VASCULAR-RENAL SECTION

1. ORGANIZATION. The Cardio-Vascular-Renal Section will function as a part of the Medical Service for the treatment of cases of cardio-vascular and renal disease, including acute rheumatic fever, in patients on an enlisted status.

2. CHIEF OF SECTION. The Senior Officer assigned to duty in the Section will be in charge thereof and will be known as the Chief of the Cardio-Vascular-Renal Section. He will be responsible for the care and treatment of all patients in this section, the administration, discipline, sanitation and police of the section, and for the procurement and safeguarding of government property.

3. ELECTROCARDIOGRAPH. The Electrocardiograph Clinic is a subsection of the Cardio-Vascular-Renal Section and will operate under the immediate charge of the Chief of Section, who will be responsible for its efficiency and for the supplies and equipment used therein. Requests for electrocardiograms will be made in duplicate, signed by the officer making the request and forwarded to the Chief of the Cardio-Vascular-Renal Section. The results of the examination will be reported to the officer requesting the examination, together with typical sections of the electrocardiogram, which will be attached to the Clinical Record of the patient in question, or, in the case of outpatients, filed with the record of the patient in the Outpatient Service. Additional sections of the electrocardiogram will be retained in the electrocardiograph clinic as a permanent record.

4. OUTPATIENT INDEX. The Chief of Section will maintain an outpatient index as prescribed in Paragraph 10, H.R. 40-1070, of patients other than those sick in hospital, and on the last day of each month transmit to the Chief of the Medical Service an Outpatient Report.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

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Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

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HOSPITAL REGULATIONS)
)
NO. 25-40)

H. R. NO. 25-40
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PROFESSIONAL

MEDICAL SERVICE
COMMUNICABLE DISEASE SECTION

1. ORGANIZATION. The Communicable Disease Section will function as a part of the Medical Service for the treatment of all cases of contagious disease in the Hospital, and such other cases as may, in the opinion of the Chief of the Medical Service, require isolation.

2. CHIEF OF SECTION. The Senior Officer assigned to duty in the Section will be in charge thereof and will be known as the Chief of the Communicable Disease Section. He will be responsible for the proper isolation, segregation, care and treatment of all patients in this Section and will institute such prophylactic and other sanitary measures as he may deem necessary to prevent cross infection and the infection of personnel. He will cause to be placed at the entrance of each room in which contagious disease cases are under treatment, a placard of suitable size showing the character of the disease therein.

3. PATIENTS' CLOTHING. The clothing of patients with communicable diseases will not be sent to the Patients' Baggage Room until it has been properly disinfected. Such clothing will be inventoried and listed as provided in Hospital Regulations. Underclothing and outerclothing that can be sterilized by steam will be placed in a sack or pillow case, securely tied and tagged with patient's name and number of ward and taken to the disinfecting plant for sterilization. Hats, shoes, belts, woolen clothing and other articles that may be damaged by steam will not be sent to the disinfecting plant, but will be disinfected as directed by the officer in charge of that section. After the clothing and effects have been disinfected, they will be sent to the patient's clothing room.

4. CLOTHING AND PERSONAL HYGIENE, WARD PERSONNEL.

a. All personnel on duty in this section, before coming in close contact with infectious patients, will cover their uniforms or street clothing with gowns. Masks will be worn for individual protection against infection when, in the opinion of the Chief of Section, they are considered necessary.

b. Rubber gloves will be worn by all attendants in

handling cases of enteric infections, such as typhoid and paratyphoid fevers, cholera, bacillary dysentery, etc., and in such other cases as may be designated by the Ward Officers.

c. Basins containing 2% solution of liquor cresolis comp. bottles of hand lotion and a supply of towels will be kept on small tables at convenient locations in the isolation wards and all personnel will be instructed by the Ward Officer to disinfect their hands with disinfectant solution after handling each patient. Fresh solution will be placed in these basins as frequently as may be indicated.

5. LAUNDRY. All soiled bed linen, hospital clothing of patients, towels, and other articles or hospital linen which have been in contact with patients suffering from contagious diseases will be placed in a sack, securely tied, and sent to the Disinfecting Plant for sterilization before it is sent to the hospital laundry, provided, in the opinion of the Chief of the Medical Service, such procedure is necessary to prevent the spread of infection. Linen of this character which has been soiled by excreta or discharge of the respiratory tract will be soaked in five percent solution of liquor cresolis compound for at least thirty minutes prior to being placed in the sack as prescribed above, if, in the opinion of the Chief of the Medical Service, such procedure is necessary to prevent the spread of infection.

6. DISHES AND TABLEWARE. All dishes and tableware used in the infectious diseases section after being washed, will be placed in a steam sterilizer and sterilized with live steam for at least fifteen minutes. Following this, they will be allowed to dry spontaneously. In special cases, to be designated by the Chief of Section, individual patients will be issued personal dishes and tableware which will be washed and kept separately for the designated individual at all times. Meals will be served on trays which can be sterilized in the steam sterilizer after each meal.

7. WASTE DISPOSAL.

a. Urine and feces. In all cases of enteric infections and in such other cases as may be prescribed by the Ward Officer, urine and feces will be thoroughly sterilized with 5% cresol before they are consigned to the sewer.

b. Sputum. Metal sputum cups will not be used in the contagious section. Metal holders for paper sputum cups will be sterilized by soaking in two percent solution of liquor cresolis compound twice weekly.

c. Each patient will be provided with a supply of paper towels or paper napkins to be used in the place of handkerchiefs which, after they are used, will be placed in a paper bag to be attached to the bed in a position convenient to the occupant thereof.

d. The paper bags and paper sputum cups referred to above will be renewed daily, the used ones being placed in a special covered waste pail for transportation to the incinerator. Two cans will be available for this purpose so that one may always be on hand for reception of the infectious material. Cans for this purpose will be labeled "For Sputum Containers" and used for no other purpose than that prescribed above. Cans for sputum containers will be delivered daily to the non-commissioned officers in charge of police for transportation to the incinerator where they will be emptied and returned to the ward after they have been sterilized with live steam. The non-commissioned officer in charge of police is responsible for the disposition of the contents of these cans and their sterilization.

8. VISITORS. No person will visit patients in this ward except by permission of the Ward Officer in charge or, in emergency, by written permission of the Officer of the Day, after consulting the Professional Officer of the Day. The permit will designate the name of the visitor, the date, the hour when such visit will be permitted.

9. DEATHS. When a patient suffering from contagious disease dies, the body will be closely wrapped and pinned in a sheet wet with a 5% solution of liquor cresolis compound before it is removed to the mortuary.

10. REPORTS.

a. The Chief of the Communicable Disease Section will submit a report of contagious diseases to the Registrar through the Chief of the Medical Service, for each case of communicable disease admitted. This will be accompanied by a notification on the prescribed form for the Kentucky State Board of Health. In the event that the patient is stationed, lives or works on a military reservation, the Registrar will furnish the Commanding Officer of such station a report of the illness.

b. The Chief of Section will maintain an outpatient index as prescribed in Paragraph 10, A.R. 40-1070, of patients other than those sick in Hospital, and on the last day of each month transmit to the Chief of the Medical Service an Outpatient Report.

11. POSTING OF REGULATIONS. A copy of these Regulations will be kept posted in the Ward Office of each ward of the infectious disease section.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

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Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 25-50)

H. R. NO. 25-50
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PROFESSIONAL

MEDICAL SERVICE
GASTRO-INTESTINAL SECTION

1. ORGANIZATION. The Gastro-Intestinal Section will function as part of the Medical Service for the treatment of cases of gastro-intestinal disease, including disease of the liver and gall-bladder in patients on an enlisted status.

2. CHIEF OF SECTION. The Senior Officer assigned to duty in the Section will be in charge thereof, and will be known as the Chief of the Gastro-Intestinal Section. He will be responsible for the care and treatment of all patients whose primary condition is due to gastro-intestinal disease and will act as consultant in diseases of the gastro-intestinal tract in such cases as may be referred to him by regular consultation requests.

3. GASTRIC ANALYSIS. Gastric analyses will be performed under the direction of the Chief of Medical Service. The Clinic will be under the supervision of the Chief of the Gastro-Intestinal Section, who will be charged with the maintenance, equipment and operation of this department. Gastric analyses and gall bladder drainages for biliary studies will be made upon request by Ward Officers or the Chief of Outpatient Service. Requests for these examinations will be made on Form 55u, M.D., in duplicate, and transmitted to the Chief of the Gastro-Intestinal Section. The Chief of the Gastro-Intestinal Section will make the necessary appointment with the patient, cause the necessary examination to be made and send the several specimens to the hospital laboratory for analysis with the request for the examination.

4. OUTPATIENT INDEX. The Chief of Section will maintain an outpatient index as prescribed in Paragraph 10, A.R. 40-1070, of patients other than those sick in Hospital, and on the last day of each month transmit to the Chief of the Medical Service an Outpatient Report.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

-194-

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 25-55
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

MEDICAL SERVICE
GENERAL MEDICAL SECTION

5. BASAL METABOLISM CLINIC. The Basal Metabolism Clinic will function as a part of the Medical Service under the direction of the Chief of Medical Service. The Chief of the General Medical Section will be charged with the maintenance, equipment and operation of the Clinic. Requests for basal metabolism determinations will be made by Ward Officers or the Chief of Outpatient Service, in duplicate, on Form 55u, M.D., and transmitted to the Chief of the General Medical Section. The Chief of the General Medical Section will make the necessary appointment with the patient, giving such directions for preparation prior to the test as he may deem necessary, cause the necessary examination to be made and enter the findings thereof on both forms. He will then return one form to the officer requesting the examination for file

with the patient's Clinical Record, and file the other with the records of the basal metabolic branch of the General Medical Section.

6. OUTPATIENT REPORT. The Chief of Section will maintain an outpatient index as prescribed in Paragraph 10, A.R. 40-1070, of patients other than those sick in Hospital, and on the last day of each month, transmit to the Chief of the Medical Service an Out-patient Report.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 25-60)

H.R. NO. 25-60
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PROFESSIONAL

OFFICERS' SECTION

1. ORGANIZATION. The Officers' Section is part of the Medical Service of this Hospital.

2. CHIEF OF SECTION. The Senior Medical Officer, assigned to duty with the Officers' Section, will be in charge thereof and will be designated as Chief of the Officers' Section. He will make recommendations to the Chief of the Medical Service as to the assignment of his commissioned assistants, will supervise and be responsible for the administration, sanitation, and police of the wards and activities pertaining to his Service and for the professional care and treatment of the medical patients on these wards as well as for the correct completion of their Clinical Records. The Chiefs of the Surgical Service and of the Dental Service will be responsible for the professional care of surgical and dental patients on these wards. The Chief of the Officers' Section, however, will be responsible for the proper care of all patients until the proper selected Section Chief actually sees a patient and accepts responsibility. In case of doubt as to the nature of the illness, the Chief of the Officers' Section will be responsible for the professional care of the patient until the diagnosis is sufficiently clear to indicate to which section the case properly belongs, after which the patient will be turned over for further professional care to the appropriate Chief of Service.

3. This Section will be divided into an Officers' Section and Women's Section. All commissioned personnel will be treated on the Officers' Section. Nurses only will be admitted to the Women's Section. No other women will be admitted to the Hospital except upon direct approval of the Commanding Officer, except in extreme emergency and as outlined in Paragraph 1-b, H.R. 25-60.

4. Officers and nurses admitted with an infectious disease will be isolated.

5. PAYMENT OF HOSPITAL CHARGES. Regulations require pay patients to settle their indebtedness for hospital charges in full before leaving the hospital, or promptly at the end of each month if they continue in hospital. Should the hospital charges against a patient in the Officers' Section remain unpaid on the fifth of the month immediately following the month in which they are incurred, the Director

of Dietetics will make immediate report to the Commanding Officer.

6. SICK LLAVE. An officer patient on open wards desiring sick leave will make application in writing to the Commanding Officer through the Chief of Service concerned and the Medical Officer having immediate charge of his case. The Chief of Service will transmit the application to the Commanding Officer by indorsement in conformity with the requirements of Paragraph 17, A.R. 605-115.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 25-65
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

MEDICAL SERVICE
OUTPATIENT CLINIC

a. The Outpatient Section will constitute part of the Medical Service of this Hospital, will function as a dispensary for military personnel of Darnall General Hospital and such other persons as authorized by regulations and by the Commanding Officer.

c. Dispensary Service may be given, also, to the following classes of persons when such service does not interfere with the care of military personnel on active duty.

- (1) Retired military personnel.
- (2) Actual dependents of active and retired military personnel. In general, it will be apparent that certain persons are actual legal dependents; such as, wives, minor children of known military persons. Where doubt exists as to dependency, the responsible person seeking treatment for the dependent will be requested to make the following certificate:

"This is to certify that _____ is my actual dependent, as defined by Army Regulations and that he (she) is _____% dependent upon me for support."

When the individual makes a Federal Income Tax Return, add "Further, that deduction is made for this dependent on my income tax return".

- (3) Personal servants of active military personnel on duty at this Hospital.

d. Office hours of the Clinic: - 10:00 A.M. to 11:30 A.M., and 1:30 P.M. to 3:30 P.M., daily, except Saturdays, Sundays and holidays on which days, hours will be from 10:30 A.M. to 11:30 A.M.

2. SPECIAL DUTIES OF CHIEF OF SECTION.

a. The Chief of the Outpatient Section is responsible for care of patients entitled to medical attention at the Outpatient Section.

b. He will arrange that medical attention be available during the prescribed office hours and for emergency sick calls after hours.

c. He is responsible for the proper performance of duty of all personnel assigned to the Section, for the care of all property, the sanitation and police of the Section and maintenance and submission of reports in connection with his duties. He will submit all outgoing correspondence to the Adjutant for signature of the Adjutant.

d. He will act as Surgeon for the Darnall General Hospital and as such will arrange for the prescribed sick call and necessary physical examinations, prescribed examinations of civilian personnel, and monthly physical examination of enlisted men in conformity with Army Regulations. He will supervise the venereal prophylaxis room, immunization procedures, etc., as may be required.

e. He will arrange for such consultation, examinations and treatment by the various Chiefs of the Professional Services as he may consider advisable. No professional section will treat Outpatients except when properly referred by the Chief of the Outpatient Section. Preliminary report of consultant should be returned promptly, setting forth findings together with statement as to whether or not patient is to remain on the consultant's service. In view of the fact that most special examinations will be made in the closed section of the hospital, no civilian outpatient will be sent to the closed area until after they have agreed to go. A nurse or qualified attendant will accompany them to and from the closed section. Children should always be accompanied by the parent or nurse.

f. He will make appointments for and issue special instructions to patients who require special X-Ray service.

g. The Chief of the Outpatient Section is charged with the control and responsibility for the operation of Venereal Prophylaxis Stations for the personnel of this Command in accordance with the provisions of Paragraph 4 a and b, A.R. 40-235. He will maintain a file

HOSPITAL REGULATIONS)
NO. 25-65)

PROFESSIONAL

MEDICAL SERVICE
OUTPATIENT CLINIC

CHANGES)
No. 1)

Par. 2 (e) is changed as follows:

e. A nurse or qualified attendant will accompany children and women to and from the closed section.

BY ORDER OF COLONEL CHAPPELL:

Aloyous Martin,
Captain, Med. Adm. C.,
ADJUTANT.

OFFICIAL:

Aloyous Martin,
Captain, Med. Adm. C.,
ADJUTANT.

of Venereal Prophylaxis Reports (Medical Department Forms No. 77) for all prophylaxis administered and will dispose of them as prescribed in the above quoted Regulations.

3. EMERGENCY MEDICAL OFFICER.

a. A visiting emergency medical officer will be assigned to the cities of Danville, Burgin and Harrodsburg. He may be called when necessary for house visits to active duty military personnel of this Hospital and their dependents as defined by Regulations. Whenever the emergency medical officer is unavailable, a substitute medical officer may be obtained by calling the Information Office. The Information Office will keep a roster of medical officers available as substitutes and will be responsible when a call comes in that a medical officer is contacted to make the call. Calls will be responded to promptly. A report will be submitted to the Chief of the Outpatient Clinic of each case visited, giving name, address of person visited with diagnosis and when advisable the treatment given. This information is necessary for preparation of Outpatient Clinic reports as well as proper entries on A.G.O. forms 258 in case of active duty military personnel. Calls beyond the city limits of Danville, Harrodsburg and Burgin will not be made except upon authority of the Commanding Officer or his representative. A medical officer other than the visiting physician called in on a case will turn the management of it over to the Emergency Medical Officer as soon as practicable after the first call is made. The visiting physician will be excused from officer of the day duty.

b. During other than regular office hours, the duties of the Chief of the Outpatient Section, as regards medical attendance for Outpatients reporting at the Dispensary for treatment, will be assumed by the Professional Officer of the Day.

c. A suitable Emergency Medical Kit will be kept in the personal possession of the Emergency Medical Officer.

4. RECORDS AND REPORTS.

a. The Chief of the Outpatient Section will maintain an Outpatient index as prescribed in Paragraph 10, A.R. 40-1070, and will be responsible for the recording of all pertinent data concerning persons treated in the Outpatient Service.

b. Immediately upon completion of the required physical inspection of enlisted men on duty at the Hospital (A.R. 615-250), he will report in writing the result to the Commanding Officer, giving the date of the examination, the number of venereal cases found and their disposition, together with any other information of which the Commanding Officer should be cognizant. A like examination will be given monthly to all civilian Ward Attendants and Food Handlers, and

a corresponding report rendered on its completion.

c. Each Service or Clinic will keep a record of all Outpatients treated and file same alphabetically in their respective Services as required by Paragraph 10, A.R. 40-1070. Each visit will be reported as a treatment. On the first day of each month, the Chief of each Section will render a report through the Chief of his Service, to the Chief of the Outpatient Section as to the total number of treatments given under his jurisdiction. Treatments will be enumerated separately for the following classes of outpatients personnel and report will be rendered on the following form:

Report of Outpatient Section for the month of _____
 Department or Service _____
 No. of patients _____ No. of Treatments _____
 Military _____
 ORC _____
 OMTC _____
 CCC _____
 Civilian _____

TOTAL _____

Patients in Hospital will not be reported. Patients seen in the Outpatient Clinic proper by consultants will not be included in the report of the Chief of another Professional Section, as such patients will be reported by the Chief of the Outpatient Section. The Chief of the Outpatient Section will consolidate the above reports of Outpatient work done in the various Clinics as well as that in the Outpatient Section proper, and furnish to the Registrar each month a consolidated report showing the total amount of Outpatient work done in this Hospital. Work done by various sections will be shown on this report. Outpatient work done by the Dental Service will not be shown in the above consolidation, but will be rendered to the Registrar separately. Report of the Outpatient Section will be rendered in the following form:

Report of Outpatient Section for the month of _____
 Number of Patients _____ Number of Treatments _____
 Military _____
 ORC _____
 CMTC _____
 CCC _____
 Civilian _____

TOTAL _____

Number of Physical Examinations _____

- (1) Appointment, promotion and Annual, Regular Army.

- (2) Enlistment and Reinstatement in Regular Army.
- (3) Appointment to West Point.
- (4) Appointment or Promotion, or others, Officers Res. Corps.
- (5) Others; Specify.

Number of Vaccinations, Immunizations, Sensitizations.

- (1) Typhoid.
- (2) Small Pox.
- (3) Others - Specify.

On the last day of each month, he will submit a report to the Commanding Officer containing the following information:

- (1) Number of patients treated - Medical, Surgical, etc.
- (2) Number of treatments - Medical, Surgical, etc.
- (3) Number of physical examinations - appointment,
Promotion - annual, R.A.
Appointment to West Point
Appointment, promotion, or others
O.R.C.
Civil Service
Civilian Employees - food handlers, etc.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 25-70
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

NEUROPSYCHIATRIC SERVICE

Its administration, relationships with other services, and sections will, in general, be similar to that outlined under the medical service except that special rules for the management of closed ward cases must be followed in these administrative and intra-hospital service relationships. A close relationship between other services must be maintained, as a large part of other services in this Hospital will be consultations, special treatments and assisting in the care of complications arising in the mental patients.

3. ASSISTANT TO THE CHIEF OF SERVICE. An officer of the Neuropsychiatric Service may be detailed as Assistant to the Chief of the Neuropsychiatric Service.

First Floor

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Second Floor

Ward C-1 (North wing)
Ward C-2 (South wing)

Third Floor

Ward D-1 (North wing)
Ward D-2 (South wing)

Fourth Floor

Ward E-1 (North wing) for Officers.
Ward E-2 (N. Section of South wing) for Nurses.
Ward E-3 (S. Section of South wing) for Enlisted Men.

Fifth Floor

Ward F for Enlisted Men

5. WARD OFFICERS. Ward Officers are responsible to the Chief of the Neuropsychiatric Service for the administration, sanitation, property and discipline of their wards, the treatment and comfort of the patients therein and for the proper performance of duty by Assistant Ward Officers, nurses, enlisted men, and civilian employees. Ward Officers will visit their wards sufficiently often during the period the night personnel are on duty to assure themselves that patients are properly cared for, that the night personnel are efficient and that the ward is being conducted in conformity with regulations. They will be responsible that orders of consultants for patients are carried out. Certain cases, as complications with contagious disease, the physically ill, surgical cases may be assigned to beds in separate ward areas for special care.

6. ASSIGNMENT ENLISTED PERSONNEL.

a. The Supervisor of Hospital Police and Personnel is charged with the responsibility of having assigned a sufficient number of enlisted men as Attendants. Enlisted men will be selected in so far as is possible because of their suitability for this special type of duty. They will be assigned to the service with a view of permanency and will be changed only for cogent reasons.

b. The N.C.O. in charge of professional services will be responsible in addition to his other duties, to the Chief of the Neuropsychiatric Service for the efficient functioning of the enlisted personnel assigned to each closed ward. He will satisfy himself that the enlisted attendants are familiar with the rules, regulations and special instructions that pertain to the care and management of the patients. He will be responsible that the enlisted personnel maintain

a neat appearance; that the clothing worn by the attendants is clean and in good condition and properly buttoned at all times. A sufficient number of N.C.O's. will be assigned as assistants to the Senior N.C.O. on duty in the closed section to insure the proper and efficient functioning of the Neuropsychiatric Service.

7. STATIONARY ATTENDANTS.

a. There will be an attendant on duty during the 24 hour period at the Corridor Exit nearest the Mess Hall. He will be responsible that the door at that exit remains locked at all times, except when he is permitting authorized persons to enter or leave the corridor. He will be responsible that no unauthorized person gains admission to the Hospital through this entrance.

b. There will be an attendant on duty for a 24 hour period at the rear corridor door in the Ground Floor, Main Building. He will unlock the door and permit authorized persons, going in either direction, to pass through the door. He will be responsible that no unauthorized person passes in either direction through this door.

c. One attendant may attend each of the doors referred to in a. and b. above, during the hours when traffic warrants the use of only one attendant.

8. SERVING OF MEALS.

a. Ward Dining Room. An attendant will be charged with the responsibility of transporting the food to the diet kitchen of each ward where there is a ward dining room in a food cart from the main kitchen. The nurse, if available, will supervise the serving of the plates, or the trays if the patient is unable to eat in the ward dining room, and she will keep herself informed as to the patient's manner of eating and the quantity of food taken. A responsible attendant will serve the patients' plates or trays and will report to the nurse any unusual fact noted in regard to the patients' eating. A responsible attendant will collect each knife, fork, and spoon on the patient's tray, or at his place at the table, before the tray is taken from the patient's room or before the patient leaves the dining room. A careful check of all knives, forks, or other utensils with which a patient might injure himself or others will be made after each meal. These utensils will be locked up when not in use. The dining room will be kept locked when not being used and no patient will be allowed therein, except when accompanied by an attendant. Disturbed destructive patients will be fed as indicated in their rooms, great care being taken that they are not given dishes or utensils with which they may harm themselves or others.

b. Mess Hall Dining Room. Patients will be permitted to go to the Mess Hall dining room only on the approval of the Ward

Officer. Careful judgment will be exercised by the Ward Officer in selecting patients who may go to the Mess Hall. The patients from each ward will go, properly supervised, as a group to and from the Mess Hall. The time of going to and from the Mess Hall and the routes used will be such as to avoid any congestion in any stairway or corridor. The patients in the dining room will be seated according to wards and the Ward Master will be responsible that his group has the proper supervision while in the dining room. A careful check must be made by the attendant of each knife, fork, and spoon placed at the patient's plate and they must be collected before the patients leave the dining room. All patients of a group must remain seated until the group is prepared to leave the dining room. Under no condition will a patient be permitted behind the serving counter or in the kitchen. The general conduct, the tidiness and manner of the patients' eating will be noted by the one supervising the group and any irregularity observed is to be reported to the nurse in charge. Any behavior on the part of any patient which would contra-indicate his going to the Mess Hall should be reported to the physician, if available, otherwise the nurse. The Ward Officer will inspect his patients in the Mess Hall sufficiently often to satisfy himself that the necessary supervision is being carried out.

9. DAILY INSPECTIONS.

a. An inspection of the wards will be made daily before 9:00 A.M. by the nurse in charge and the non-commissioned officer on duty, for all property or dangerous objects which patients may have concealed. The windows, doors, and all parts of the ward will be thoroughly inspected at frequent intervals each day to insure that the security of the ward is being maintained.

b. Nurses in charge, when coming on duty, will assure themselves that all patients are present and will make notation thereof on the back of the daily morning report of the ward. When the non-commissioned officers change relief, they, together, will make a careful count of all patients in the wards to ascertain that all patients are present.

c. Keys. Each ward, or where practicable, each floor will be assigned a specific number of sets of keys, the number depending upon the maximum number of nurses and attendants on duty on the ward or floor at any one time of day. During periods of the day when the duty personnel is reduced below this maximum, extra sets of keys will be kept locked in a cabinet in the Nurses' office.

Each nurse or attendant upon reporting on duty will receive her or his set from her or his predecessor and acknowledge receipt of the set in a ward key book. When a nurse or attendant is not relieved by another nurse or attendant the surplus set of keys being temporarily out of use will be turned in to the nurse left on

duty on the ward or floor, and she will acknowledge receipt of the set.

The ward or floor key book will show the number of keys, as well as a list of the keys in each set. In receipting for sets of keys, each key on the set will be verified and receipt for the set will be an acknowledgement of receipt of all keys supposed to be on it.

Whenever a key or set of keys is discovered to be missing, a thorough search will be made at once. If not found, a full report of the loss will be made to the Commanding Officer by the Ward Surgeon on the form for "Report of Unusual Occurrence".

Ward key sets will not include maintenance door lock keys, (keys marked "M") keys to any exit (Keys marked "L") or a key marked "U". No keys to clinics, to Doctors' Office, or offices on the ground floor will be included in the key sets. Where it is necessary to open a maintenance door the Utilities Officer will be notified or in his absence the Administrative Officer of the Day.

The Utilities Officer is the Custodian of Keys.

The Chief of the Neuropsychiatric Service will designate an officer to receipt for all keys obtained for the closed section. This officer in turn will obtain receipts for keys issued to the wards for all Ward Surgeons. In this respect keys will be considered a part of the ward property.

The N.C.O. in charge of Professional Services will instruct attendants in the proper use and care of their keys and will make frequent checks to see that these instructions are understood by all ward personnel.

Nurses, or in absence of nurses, Ward Masters, or acting Ward Masters, will check all sets of keys on their wards or floors upon going on duty.

d. Elevators. Patients will not ride in elevators unaccompanied by necessary attendants.

Unless accompanied by an officer, patients will not ride in the elevator which is operated with a key.

The elevator operated by an elevator attendant will be used for patients when necessary for patients to travel in the elevator.

Ambulant patients ordinarily will use the stairways.

(Note: Should these elevators get "caught" between floors, ring the emergency bell. No one "caught" in these elevators between floors need be alarmed as the elevator can be opened by

personnel on the outside. This may require a little time. Patience and absence of panic of anyone "caught" in these elevators is essential.)

e. Patients in closed wards will not be allowed matches in their possession.

f. A search of patients for matches, weapons, or implements will be made upon their return to the closed wards after any period of absence.

g. All incoming packages or bundles intended for patients in closed wards will be searched by the Ward Officer or his commissioned representative, or the Nurse, in the presence of the patient, and all forbidden articles removed and disposed of in accordance with existing regulations.

10. MEDICINES AND POISONS. All medicines and poisons will be kept in securely locked cabinets and the key to same will be kept in the possession of the nurse or a non-commissioned officer. No medicines will be given to patients for self-administration. Each dose prescribed will be administered by a nurse or by a non-commissioned officer. Patients will not be permitted in ward offices where medicines are kept unless the Ward Officers, Nurse, or a non-commissioned officer is present. Poisons and external medicaments will be separated from other drugs in cabinets.

11. TREATMENT OF PATIENTS.

a. It will be borne in mind that patients in the closed wards on this Service are mentally ill or are under observation for mental disease. They will be treated with consideration and kindness at all times. Attendants are forbidden to strike or maltreat a patient in any manner and any attendant so offending will be punished. Each attendant reporting for duty on this Section will sign a statement that he has read and understands the regulations pertaining to this Section. The Chief of Service will investigate and report in writing as an unusual occurrence all cases of injury to patients.

b. Under no circumstances will arms, clubs, or weapons of any description be permitted on a closed ward.

c. No form of mechanical restraint, seclusion or cold showers will be applied as punishment. Restraint or seclusion for therapeutic reasons will only be applied upon the order of a medical officer, and under the direction and supervision of a medical officer. Nurses and enlisted attendants will be instructed by the Ward Officer in the application of the restraint apparatus and the supervision of patients so restrained.

d. In case of sudden violence of a patient or of injury to a patient or to an attendant, a medical officer will be notified immediately.

e. No patients from a closed ward, other than those specifically designated by the Ward Surgeon or his commissioned representative, will leave the closed wards. Not more than two patients will leave the closed wards in charge of one attendant, except in going to and from playground, meals and Recreation Building. Numbers required at these times will be prescribed by the Ward Surgeon. A sufficient number of attendants will always accompany a patient on leaving a ward to insure his control and safe return. The attendant will be thoroughly instructed to keep near and not to lose sight of his patient at any time until he is returned to the ward, unless relieved of his responsibility by an officer or a non-commissioned officer on duty in that ward. No officer, nurse or attendant in any Clinic or department where cases are sent will give instructions contrary to the above.

f. The rooms in which individual patients are confined will be kept locked when so ordered by the Ward Officer. Nurses and attendants will watch such cases carefully to insure their safety, proper care and that their rooms are properly heated and ventilated.

12. PROCEDURE ON ADMISSION OF PATIENTS.

a. In cases of patients admitted to closed wards, the admission routine pertaining to the search for valuables will be carried out by a medical officer on duty in the Service, or, in his absence, by the Professional Officer of the Day, and all valuables, matches, weapons, drugs or dangerous instruments will be removed and disposed of as prescribed by regulations dealing with property of patients. This search will be conducted in addition to the search made at the Receiving Office.

b. Procedure regarding clothing and baggage is prescribed by Special H.R. No. 10-40.

13. VISITORS TO CLOSED MENTAL WARDS. Visitors will be permitted to see patients of closed mental wards upon permission of the Ward Surgeon, or, in his absence, by any medical officer of the Neuropsychiatric Service, in the visitors' room. In exceptional cases during after duty hours, the Administrative Officer of the Day may authorize visits after consultation with the Professional Officer of the Day.

Ordinarily, only relatives or close friends will be permitted to visit patients on the closed Neuropsychiatric Service.

All visitors to patients will be courteously informed that they are not permitted to give patients anything except upon approval of the Ward Surgeon or Nurse. Money or valuables which they wish to give to the patient will be delivered by the visitor to the Ward Surgeon or Professional Officer of the Day for deposit with the Commanding Officer, Detachment of Patients. They will also be informed that they are not permitted to carry into the closed wards any dangerous articles or weapons, and any such articles in their possession will be checked at the Information Office.

Visitors desiring to remain over night will be referred to the Director of the Red Cross.

Visitors will be allowed on the wards only in those exceptional cases where patients can not go to the visiting rooms.

Rules for visitors to contagious cases on closed wards will be the same as those for open wards.

Any visitor having a complaint to make will be referred by the Ward Surgeon to the Chief of the Neuropsychiatric Service. If the complaint involves an administrative matter the Chief of the Neuropsychiatric Service will refer the visitor to the Executive Officer. All complaints of visitors will be reported as an "Unusual Occurrence" and unless the complaint is satisfactorily adjusted before the visitor's departure, arrangements will be made for him to see the Commanding Officer also.

Visits with disturbed patients will be authorized by the Chief of the Neuropsychiatric Service only.

It will serve as a convenience to give regular visitors to patients a pass to the visitors' room, this pass to be signed by the Ward Surgeon.

Visitors should be instructed to report at the Information Office. The Information Office will call the ward and after the visit is authorized, the visitor will be accompanied to the visitors' room by a messenger or attendant from the ward.

Attendants will be present during all visits.

Visiting hours are from 2:00 to 4:00 P.M., daily.

14. PATIENTS' COMPLAINTS. Any patient having a complaint will be permitted a hearing by the Ward Officer who will bring to the attention of the Chief of Service any matter that may require his action or further investigation.

15. CONSULTATIONS.

a. The Chief of the Neuropsychiatric Service will consider all "Requests for Consultation" made to and within the N.P. Section, approving or disapproving as he deems best.

b. Consultations ordinarily will not be requested until a complete history has been taken and a thorough physical examination has been made, together with such routine laboratory data as would be helpful to the consultant in forming an opinion of the case. Emergency requests for consultation will be considered and acted upon with the least practicable delay.

c. Neuropsychiatric Consultants, after completing their examinations, will report their opinions in writing to ether with any recommendations which they may desire to make and return the completed report to the Chief of Service concerned for inclusion in the Patient's Clinical Record.

16. OUTPATIENT INDEX. The Chief of the Neuropsychiatric Service will maintain an outpatient index as prescribed in Paragraph 10, A.R. 40-1070, of patients other than those sick in Hospital, and on the last day of each month transmit to the Chief of the Outpatient Section an Outpatient Report.

17. The Chief of the Neuropsychiatric Service will make such additional rules as to the management of these wards as he desires and which do not conflict with these regulations.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
NO. 25-70)

H. R. NO. 25-70
DARNALL GENERAL HOSPITAL
Danville, Kentucky
July 25, 1942.

PROFESSIONAL

NEUROPSYCHIATRIC SERVICE

CHANGES)
NO. 1)

Par. 18 is added as follows:

18. When a telephone call comes in for a patient on mental wards, the Professional Officer of the Day should report through the operator that the patient is not allowed to answer the telephone but that he will take and deliver a message to the patient.

(Exception: In unusual circumstances and where the patient is well behaved it may be urgent that the patient receive the message. In such cases the Officer of the Day may authorize the receipt of the message. Both the Professional Officer of The Day and the Enlisted attendant will stand by while the message is being received.)

No calls should be put through where the charges are reversed to receiver at this hospital. Report of all such messages authorized will be made on the Professional Officer of the Day's Report.

BY ORDER OF COLONEL CHAPPELL:

Aloyous Martin,
Captain, Med. Adm. C.,
ASST ADJUTANT.

OFFICIAL:

Aloyous Martin,
Captain, Med. Adm. C.,
Asst Adjutant.

HOSPITAL REGULATIONS)
)
NO. 25-75)

H. R. NO. 25-75
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PROFESSIONAL

PHARMACY

1. GENERAL.

a. The management and operation of the Pharmacy at this Hospital will be in conformity with Paragraph 18, A.R. 40-590, and all personnel assigned to this department will acquaint themselves with the provisions of this paragraph.

b. During the hours when the Pharmacy is closed, requests for Pharmacy service will be made at the Receiving Office. An attendant will be on call to fill emergency prescriptions.

c. A completely equipped poison-antidote cabinet, together with a supply of pharmaceuticals commonly dispensed to outpatients applying to the Officer of the Day will be maintained at the Receiving Office and Dispensary. A table of poisons, symptoms, antidotes and treatments will be kept in the Receiving Office, Dispensary and on each ward. See, also, Paragraph 272, T.M. 8-260.

d. A supply of antitoxin and vaccines for emergency requirements will be kept in the Pharmacy.

2. OFFICER IN CHARGE. A designated officer will have charge of the Pharmacy. He will maintain personal supervision over the Pharmacy and be directly responsible for its efficiency. He will cause the necessary records to be maintained in the case of alcoholic liquors and narcotics and will make the necessary checks and verifications required by existing regulations.

3. NONCOMMISSIONED OFFICER IN CHARGE. A qualified non-commissioned officer of the Detachment Medical Department will be assigned in immediate charge of the Pharmacy and will be directly responsible to the Officer in Charge for its proper operation. He will be furnished such assistants from the Detachment Medical Department as may be necessary. The non-commissioned officer in charge of the Pharmacy is responsible that the prescriptions are compounded in accordance with the U.S. Pharmacopeia, dispensatory, and the National Formulary, that due care is taken in compounding, and that prescriptions in which the prescribed dose exceeds physiological limits, be not issued without verifications by the prescriber, and that prescriptions are properly filed and labels are prepared in conformity with regulations.

4. PRESCRIPTIONS.

a. All prescriptions will be written in the metric system. No prescription will be filled which is not written in this system. Prescriptions will be signed by a medical officer, a Dental or an Officer of the Veterinary Corps.

b. Before filling any prescriptions, the compounding pharmacist will make sure that:

- (1) The prescription is properly dated, is written for a definite person, ward of clinic, it bears the patient's name and ward number, or name of clinic or designation of ward.
- (2) It contains directions for use unless it calls for original and unbroken package of a drug, or a drug which constitutes part of the stock in the ward medicine cabinets.
- (3) The wording of the prescription is clear and unmistakable and that the dose of the active drug is not excessive.
- (4) The prescription is signed by a medical officer or an officer of the Dental or Veterinary Corps, for medical supplies needed in their respective services.

c. Before issuing a compounded prescription, the compounder will assure himself that the label shows:

- (1) The serial number of the prescription and the date compounded.
- (2) The name of the person, ward, or clinic for which intended.
- (3) The directions as written on the prescription, or in the event that no directions are written, the contents of the container, the name of the officer who wrote the prescription, the initials of the pharmacist who filled the prescription.

d. All "Poisons", as defined by A.R. 40-590, Paragraph 18 (3), will be labeled with a "Poison Label".

e. Routine prescriptions from all wards of the Hospital will be turned in to the Pharmacy not later than 10:00 A.M., daily, and should be called for between the hours of 11:00 A.M. and 1:00 P.M.

f. In order that the pharmacist may regulate charges for prescriptions, medical officers will place immediately after the name of the individual for whom a prescription is written sufficient data to enable the determination of the military status. For example, Mrs. Smith (wife of officer); John Jones (civilian employee); Mr. Burns (father of officer); William Green (officer's servant), etc.

g. No prescription will be refilled except on a written prescription called for such refilling, the prescription number being given.

5. ALCOHOL AND ALCOHOLIC LIQUORS.

a. No alcohol or alcoholic liquors will be prescribed for individuals except in cases of actual sickness when a definite therapeutic reason therefor exists and then only in such amounts at one time as may be clearly indicated and will be necessary for the next ensuing forty-eight (48) hours.

b. All prescriptions for narcotics, alcohol and alcoholic liquors will be written in ink on the official Medical Department form, each with a notation on its face, "not valid except in a military pharmacy".

c. All prescriptions for alcoholic liquors for individuals will show specifically the dosage and intervals between dosage.

d. Nothing in this regulation will be interpreted to prevent the issue of alcohol or alcoholic liquors for ward stock. However, at no time will the combined amount of whiskey or brandy on hand in a ward exceed 500 cc., or the amount of ethyl alcohol be more than 120 cc.

e. Bathing fluid will be issued by the Pharmacy in amounts not to exceed 1000 cc. and will be used for bathing and rubbing purposes in lieu of alcohol.

f. Ethyl alcohol will be issued to the operating room, dressing rooms, clinics, etc., in quantities prescribed by the Chief of Service concerned, due care being taken that amount on hand is not in excess of actual requirements.

g. Officers will assure themselves that all ethyl alcohol for which they are responsible is properly safeguarded against theft and that the expenditure is so regulated as to preclude its use for other than medical purposes.

6. SALES OF MEDICINES TO CIVILIANS.

a. Except in emergency, no prescription will be filled for civilian outpatients except those entitled to medical care, as outlined in Paragraph 6, A.R. 40-590.

b. Medicine charges as prescribed in A.R. 40-590, will be collected from civilians not entitled to treatment at public expense and deposited to the credit of the Treasurer of the U.S., on the first day of each month.

7. STOCK OF PHARMACEUTICAL PREPARATIONS. A considerable number of pharmaceutical preparations are carried in stock in the Pharmacy. In order to reduce work in the Pharmacy, officers are requested to utilize, so far as practicable, these preparations. Prescriptions showing the composition of these preparations are available at the Pharmacy.

8. EMERGENCY DETAIL. The Officer in charge of the Pharmacy will detail daily from the personnel allotted him a competent attendant for emergency duty during the period the Pharmacy is closed. The name of the attendant so detailed will be furnished the Information Office daily. The dispensary attendant will not leave the Post during his tour of duty and will keep the non-commissioned officer in charge of the Information Office constantly informed of his whereabouts.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

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RADIOLOGIC SERVICE

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5. FILE OF RECORDS AND ROENTGENOGRAMS. A record of every Roentgen examination, Roentgen therapy, will be filed in the Radiologic Service. Reports and Roentgenograms will not be furnished to patients without the authority of the Commanding Officer. Demonstrations of Roentgenograms by the Chief of the Service, or his assistant, will be held between 1:15 and 2:15 P.M. Deep X-Ray Therapy is prohibited at this Hospital.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 25-85)

H. R. NO. 25-85
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PROFESSIONAL
SURGICAL SERVICE

1. GENERAL. The Surgical Service at this Hospital will, like the Medical Service, be small as compared with the Neuropsychiatric Service. It will be impracticable and unnecessary to assign separate wards for the use of the sections listed below. Generally it will not be possible to assign separate medical officers to the management of certain classes of surgery and one officer may be responsible for the care of cases under several sections. Surgical cases may be individual ones either in the open, duty personnel wards or in the closed wards. In spite of these considerations, for the sake of clarity and better management of the service, it is appropriate to classify various phases of the work into sections as is the practice in other general hospitals. Also, it must be prepared to do most any kind of work performed in a general hospital and for that reason it must be as completely organized with trained personnel as conditions permit. With this understanding, this service is divided into the following sections:

- a. General Surgical Section
- b. Genito-Urinary Section
- c. Orthopedic Section
- d. Septic Surgery Section
- e. E. E. N. T. Section
- f. Anaesthesia and Operating Section.

2. CHIEF OF SERVICE. The Senior Medical Officer assigned to duty with the Surgical Service will be in charge thereof and will be designated as the Chief of Surgical Service. He will make recommendations to the Commanding Officer as to assignment of assistants, will supervise and be responsible for the administration, sanitation and police of the surgery and clinics, pertaining to his service, and for the professional care and treatment of surgical patients as well as the correct completion of Clinical Records of straight surgical cases and proper entries on clinical records of surgical conditions complicating other types of cases.

3. ASSISTANT TO THE CHIEF OF SERVICE. An officer of the Surgical Service may be detailed on recommendation of the Chief of Surgical Service as Assistant to the Chief of the Surgical Service.

4. CHIEFS OF SECTION. The Chief of the Surgical Service will assign officers for the care of cases in the sections listed above. They will be responsible to the Chief of Service for the administration of operations of their section and the surgical care and treatment of all patients therein. Each Chief of Section will submit not later than 11:00 A.M., the day preceding, a list in duplicate of operations contemplated for the following day, fixing an estimate of starting time in each case.

5. MEDICAL OFFICERS. Medical Officers are responsible to the Chief of Section for administration, police and sanitation of their departments and for the professional care of patients assigned thereto.

6. STAFF MEETINGS. The Chief of the Surgical Service will arrange for routine assemblies of all officers of his service, at least once weekly. The purpose of these meetings will be to discuss administrative and professional matters pertaining to his service and report unusual cases which present diagnostic difficulties.

7. REPORTS. The Chief of the Surgical Service will submit to the Chief of the Outpatient Section at the end of every month, a consolidated report in duplicate of the number of outpatients treated and number of treatments administered to outpatients in the various sections of his service. With this object in view, he will cause medical officers on his service who treat outpatients to maintain an outpatient index in conformity with the requirements of A.R. 40-1070.

8. CONSULTATIONS.

a. The Chief of the Surgical Service will consider all "Requests for Consultations", made to and within his service, approving or disapproving as he deems best. In cases of approval, he will designate the consultant by name.

b. Consultation will not ordinarily be requested until a complete history has been taken and a thorough physical examination has been made, together with such routine laboratory data as would be helpful to the consultant in forming an opinion of the case. Emergency requests for consultation will be considered and acted upon with the least practicable delay.

c. Consultants, after completing their examinations, will enter their opinions in writing on the consultation request, together with any recommendations which they may desire to make and return the completed form to the Chief of Service concerned for inclusion in the Patient's Clinical Record.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 25-90
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

1. ORGANIZATION. The general operating, dressing, anesthesia, sterilizing, preparation, and supply rooms of the Operating Pavilion will constitute the section known as the Anesthesia and Operating Section of the Surgical Service.
2. CHIEF OF SECTION. The senior officer assigned to this section will, under the direction of the Chief of the Surgical Service, be in charge thereof and will be known as the Chief of the Anesthesia and Operating Section.
3. DUTIES OF THE CHIEF OF SECTION. The duties of the Chief of Section, in general, will be as follows:
 - a. He will be in charge of the Operating Pavilion, the personnel assigned thereto, and the property therein.
 - b. He will instruct and supervise anesthetists and other personnel assigned to the Section and will be responsible for the proper administration of anesthetics and the post-operative care of patients until they are delivered to the authorities in their respective wards. He will assure himself that no general anesthetic is administered until the anesthetist has been furnished with the Report of Preoperative Examination.
 - c. He will requisition supplies and equipment required for the proper operation of the Section and will be responsible for the care, safeguarding, and proper use thereof. He will, on the last day of the month, check all property for which he is responsible, reporting any overages or shortages to the Medical Supply Officer.
 - d. He will be responsible for the maintenance, proper preparation, sterilization and storage of a sufficient stock of surgical dressings in the Operating Pavilion and Surgical Dressing Preparation Room.
 - e. He will consult with the Chief of the Surgical Service and will prepare, twenty-four hours in advance, the schedules of operations to be performed, on Operation List.

f. He will be responsible for the good order, cleanliness, neatness and proper maintenance of the Operating Pavilion and its equipment.

g. He will be responsible for the readiness of the Operating Pavilion at all times to meet any surgical emergencies that might arise.

4. REPORT OF PRE-OPERATIVE EXAMINATIONS.

a. Except in cases of emergency, each patient will be subjected to a careful physical examination by a medical officer of the Section or Service responsible for the patient prior to the administration of an anesthetic of whatever nature. This will include a careful examination of the respiratory system, the heart, blood pressure and pulse, chemical and microscopic examination of the urine, blood count and estimation of hemoglobin, and, whenever necessary, a determination of the coagulation time of the blood. The results of this examination will be recorded on Report of Pre-Operative Examination.

b. In case of emergency when there is insufficient time to make a complete examination as outlined in the above paragraph, a rapid examination will be made of the heart, lungs and blood pressure readings, and the results of this examination will be recorded on Report of Pre-Operative Examination, with a statement to the effect that the urgency prevents a complete examination.

c. The Report of Pre-Operative Examination will be signed by the examiner and sent to the operation room with the patient. No anesthetic will be administered until the completed form has been delivered to the anesthetist. Upon completion of the anesthetic the completed report will be transmitted to the ward and become an integral part of the Clinical Record.

5. ANESTHETIC RECORD. An Anesthetic Record will be prepared by the anesthetist. This form will show diagnosis, report of operation, date, name of surgeon and assistants, kind of anesthesia administered, name of anesthetist, condition of patient during operation, and anesthetic complications, if any. When completed, this form will be sent to the Ward for file with the Clinical Record of case.

6. EMERGENCY OPERATING STAFF. There will be detailed, daily, by the Chief of Section, a qualified anesthetist, a nurse, and one enlisted man, all of whom will be available during the entire twenty-four hour period, starting at 9:00 A.M., as assistants to the Professional Officer of the Day in such surgical emergencies as may arise. The names of those so detailed will be reported to the Information Office and the personnel so detailed will be instructed not to leave the reservation during their periods of duty. They will keep the Information Office constantly advised of their whereabouts. Nurses on call

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for emergency operating room duty will be notified through the Office of the Chief Nurse or Night Supervisor when needed for duty.

7. DUTY HOURS. The Operating Pavilion will be open from 7:00 A.M., until completion of the day's work.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
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H. R. NO. 25-95
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PROFESSIONAL

SURGICAL SERVICE
GENERAL SURGICAL SECTION

1. ORGANIZATION. The Section devoted to general surgery will be known as the General Surgical Section. It will occupy such space as may be designated by the Commanding Officer. The Staff will consist of such Medical Officers, members of the Army Nurse Corps, enlisted men and other personnel as may be assigned to it.

2. CHIEF OF SECTION. The senior medical officer assigned to the Section will be in charge thereof, and will be known as the Chief of the General Surgical Section.

3. CLASS OF CASES TREATED BY THIS SECTION. All general surgical cases on an enlisted status, which are non-infected will be treated under this Section. If, while under treatment on this Section patients develop infections, they will be transferred to the Septic Surgery Section, unless the move would be detrimental to the patient's health.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

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NO. 25-100)

H. R. NO. 25-100
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PROFESSIONAL

SURGICAL SERVICE
GENITO-URINARY SECTION

1. ORGANIZATION. The Genito-Urinary Section will function under the jurisdiction of the Chief of the Surgical Service, who will be responsible for the proper operation of the Section.

2. CHIEF OF SECTION. The senior officer assigned to duty in the Genito-Urinary Section will be in charge thereof and will be known as the Chief of the Urological Section. He will be directly responsible for the proper operation of the section, for the treatment of patients therein, and will maintain supervision over all personnel assigned to duty therein.

3. TREATMENT IN OPEN OR RESTRICTED WARDS. Cases under treatment in the Genito-Urinary Section will be treated in such open or restricted wards as are appropriate. Contagious cases will be restricted in wards.

4. INTRAVENOUS TREATMENTS. All intravenous treatments will be administered under the direction of the Chief of Section, or one of his commissioned assistants. The Chief of Section will prescribe such days as he may deem best for the administration of this treatment and all patients, both hospital and outpatient cases undergoing treatment requiring the administration of salvarsan, will be present on those days.

5. CLASS OF PATIENTS. All urological and contagious venereal patients will be under the management of this section. (Acute, and chronic nephritis will be treated by the Cardio-Vascular-Renal Section.)

6. SYPHILITIC REGISTER. A card index system will be maintained showing receipt and disposition of S.R. This index will show the dates and place from which they were received, as well as the date and place to which they were sent. A card index system will be maintained for each patient receiving antileptic treatment, which will be kept as a permanent hospital record.

7. RESTRICTION OF PATIENTS WITH VENEREAL DISEASE.

a. Patients hospitalized for venereal disease and assigned to a ward specifically designated for the care and treatment

of those diseases will be restricted to their ward at all times, except as indicated in the following paragraph.

b. Patients referred to above may be permitted to be absent from their ward for the following purposes:

- (1) The performance of such police duty as may be designated by the Ward Officer or higher authority.
- (2) Attendance at moving picture shows provided such attendance is specifically authorized by the Ward Officer.

- c. (1) Patients detailed for police work outside their respective wards will be turned over to an enlisted representative of the department in which they are detailed for work, who will be responsible that they are returned to their ward upon completion of the work.
- (2) Patients on open wards authorized to attend motion picture exhibitions will be grouped and sent in charge of an attendant who will be held responsible that they are kept segregated and returned to their ward immediately after the termination of the exhibition. Ordinarily the privilege of attending moving picture shows will be restricted to those patients whose conduct justifies such a privilege.

8. PROCTOSCOPIC CLINIC. The Proctoscopic Clinic will function as a part of the Surgical Service under the direction of the Chief of Surgical Service. This service will be charged with the maintenance, equipment, and operation of the Clinic. Proctoscopic examinations will be made at specified times upon request of the Ward Officers or the Chief of the Outpatient Service. Request for the examination will be made in duplicate, and transmitted to the Chief of the Surgical Service. The Chief of the Genito-Urinary Section will make the necessary appointment with the patient, cause the necessary examination to be made and enter the findings thereof on both forms. He will then return the report to the officer requesting the examination, for file with the patient's Clinical Record and file the duplicate with the records of the Genito-Urinary Section.

9. REPORTS TO BE RENDERED. See Hospital Regulation No. 10-70.

10. OUTPATIENT INDEX. The Chief of the Section will maintain an outpatient index of patients other than those sick in the Hospital, as prescribed in Paragraph 10, A.R. 40-1070, and on the last day of each month will submit to the Chief of Surgical Service an outpatient report.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 25-105)

H. R. NO. 25-105
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PROFESSIONAL

SURGICAL SERVICE
ORTHOPEDIC SURGERY SECTION

1. ORGANIZATION. The section devoted to orthopedic cases will be known as the Orthopedic Surgery Section, and will function under the Chief of the Surgical Service. The staff will consist of such commissioned officers, members of the Army Nurse Corps, enlisted men and civilian employees as may be assigned to it.
2. CHIEF OF SECTION. The senior officer assigned to duty in the section will be in charge thereof and will be known as Chief of the Orthopedic Surgery Section. He will be directly responsible for its operation and efficiency.
3. CLASS OF CASES TREATED.
 - a. All non-infected cases admitted to this Hospital for strictly orthopedic conditions, including all types of clean fractures, will be admitted directly to the orthopedic section for treatment (except fractures of the maxillae which will be treated by the Dental Service, and skull fractures which will be treated by the General Surgical Section).
 - b. Infected orthopedic cases will be assigned to Septic Surgery Section of the Surgical Service and treated until definite orthopedic measures directed to their reconstruction are indicated, when they will be transferred to the Orthopedic Surgery Section for this purpose.
 - c. Patients in wards other than the orthopedic wards for whom orthopedic treatment is desired, or for whom orthopedic appliances may be necessary will be treated by this section.
4. PHYSIOTHERAPY. The physiotherapy facilities of this Hospital will be under the supervision of the Chief of Orthopedic Section. Requests for such treatment will be approved by him. Records showing condition of case at beginning of therapy, progress and condition on discharge will be kept.
5. OUTPATIENT REPORT. The Chief of Section will maintain an outpatient index as proscribed in Paragraph 10, A.R. 40-1070, of

patients other than those sick in Hospital, and on the last day of each month, transmit to the Chief of the Surgical Service an Out-patient Report.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 25-110)

H. R. NO. 25-110
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

PROFESSIONAL

SURGICAL SERVICE
SEPTIC SURGERY SECTION

1. ORGANIZATION. This section devoted to the treatment of infected and septic cases will be known as the Septic Surgery Section. It will occupy such space as may be designated by the Commanding Officer. The staff will consist of such officers, members of the Army Nurse Corps, enlisted and civilian personnel as may be assigned to it.

2. CHIEF OF SECTION. The senior officer assigned to the section will be in charge thereof and will be known as the Chief of the Septic Surgery Section. He will be directly responsible for its operation and efficiency.

3. CLASS OF CASES TREATED.

a. All cases admitted to this Hospital for strictly surgically septic conditions, including suppurative pleurisy, will be treated by this section.

b. Patients, other than those assigned to this section, who have septic conditions, will be dressed and cared for by the personnel of the Section.

4. OUTPATIENT REPORT. The Chief of Section will maintain an outpatient index as prescribed in Paragraph 10, A.R. 40-1070, of patients other than those sick in hospital, and on the last day of each month, transmit to the Chief of the Surgical Service an Outpatient Report.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
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ADJUTANT.



H. R. NO. 30-5
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

BARBER SHOP

2. The following Army Regulation changes of A.R. 40-205 are quoted for the guidance and compliance of all concerned: "Barber Shops. No barber shop will be established on a military reservation without the approval of the Commanding Officer thereof. Before approving an application for the establishment of a barber shop, the Commanding Officer will assure himself that the location proposed is suitable and possesses the facilities necessary for compliance with the provisions of this paragraph. Barber shops will not be located in squad rooms or other rooms where men sleep. They will be properly and adequately lighted and ventilated. The interior of barber shops will be kept in a thoroughly clean and sanitary condition. The floors will be swept at frequent intervals. Provision will be made for an adequate supply of hot and cold water and for the disposal of waste water. Suitable cuspidors will be provided, and no spitting will be allowed except into those receptacles. Cuspidors will be cleaned and disinfected daily. A freshly laundered towel will be used for each patron. The head rests of barber chairs will be covered with a clean towel or sheet of paper for each individual patron. All brushes, combs, razors, clippers, scissors, tweezers, buffers, massage and scalp applicators, etc., will be thoroughly cleansed and sterilized after each separate use thereof. When practicable, sterilization may be accomplished by immersing the article in an antiseptic solution (preferably 5% lysol) for at least three minutes. The use of powder puffs, sponges, and neck dusters is prohibited. The use of shaving cups in common is prohibited. Shaving soap in the form of powder or cream only will be used. A copy of this paragraph will be posted in a conspicuous place in each barber shop."

Hair Cut.....	\$.35
Shave.....	.15
Shampoo.....	.25
Massage (facial).....	.25
Singe.....	.05

Facial treatments (special).....	\$.35
Tonics (plain or oil).....	.15
Mustache and beard trim (when not getting haircut).....	.05
Neck shave.....	.05

4. Barbers will be given a physical inspection on being hired and once monthly thereafter. This inspection will be an individual one and will be made separately from inspection of other personnel.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

H. R. NO. 35-5
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

MOTOR VEHICLES
TRAFFIC REGULATIONS AND PARKING

Marshal. All such personnel will, also, advise the Provost Marshal, Darnall General Hospital, of the license number, post registration number, make and model of car. Procedure for post registration of automobiles will be as published from time to time in hospital orders. Personnel violating post regulations will be required to turn in their post registration tag and will not thereafter be permitted to operate their automobiles on the post.

b. All motor vehicles owned by officers, nurses, warrant officers, and enlisted men stationed at this Hospital, and civilians permanently employed and domiciled on this reservation will be covered by Personal Injury and Property Damage Liability Insurance and such coverage will be prerequisite to Post registration.

c. The minimum requirements will be insurance from a company legally conducting business within the State of Kentucky and the policy to provide:

- (1) Ability to respond in damages arising by reason of personal injury to, or death of, any person or persons, of at least Five Thousand Dollars for one and Ten Thousand Dollars for more than one person.
- (2) Ability to respond in damages to property of at least One Thousand Dollars resulting from any one accident.

d. The operation on the reservation of any motor vehicle owned by the personnel referred to above or owned by dependent members of families of such personnel is prohibited, unless the provisions of these regulations governing registration and insurance are complied with.

e. Accidents. Any person in the military service or any civilian employed at this station, who is a party to an accident on the reservation, will submit a detailed report thereof to the Adjutant within twenty-four hours. Members of the command who witness an accident anywhere, involving either damage to property of the Government or of Hospital personnel, will submit a similar report. The report will include the following insofar as possible:

- (1) Names and addresses of all persons and witnesses involved.
- (2) Time and place of accident.
- (3) Registration numbers of cars.
- (4) Names and addresses of insurance companies concerned.

(5) Action taken immediately after the accident.

3. SPEED LIMIT. The maximum speed limit on this reservation is twenty-five (25) miles per hour, except roads adjacent to and in the hospital building areas where it is twenty (20) miles an hour. However, every person operating a motor vehicle on this reservation shall drive the same in a careful and prudent manner and at a rate of speed no greater at any time than is reasonable and safe, all attendant circumstances and conditions considered. Speed will be reduced at crossings and places where patients or other persons are likely to be encountered. All vehicles will be stopped when so directed by a member of the military police or civilian guard.

4. RECKLESS DRIVING. Reckless driving in any form on this reservation is prohibited. Drivers of motor vehicles operating in a reckless or dangerous manner will be apprehended and arrested by the military police or civilian guard who will report the driver to the guard office.

5. The Quartermaster will post in a conspicuous place in the garage and motor repair shops regulations concerning the operation and care of motor vehicles. These regulations will include pertinent regulations from A.R. 850-15, instructions contained in letter from A.G.O., A.G. 451.9 (1-31-42) M.O.D.M. Subject: "Conservation of Rubber" and such other instructions as may be issued from time to time. He will require all motor transportation personnel to understand and comply with these rules.

6. PROVOST MARSHAL. The Provost Marshal is responsible for the enforcement of regulations and orders governing traffic and parking and will instruct the Military Police to be constantly on the alert to prevent parking in unauthorized areas on any roads of this Hospital and to note the time of parking and to see that the provisions of this regulation are observed.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

HOSPITAL REGULATIONS)
)
NO. 35-10)

H. R. NO. 35-10
DARNALL GENERAL HOSPITAL
Danville, Kentucky
February 5, 1942

MISCELLANEOUS

SALESMEN, COLLECTORS AND EXCLUDED PERSONS

1. SALESMEN AND COLLECTORS. In order that reputable business firms may conduct non-government business with members of this command without interfering with the official duties of such members, the following measures will be strictly observed by all concerned:

a. Insofar as practicable only reliable representatives of reputable business concerns will be permitted to solicit business on the Darnall General Hospital reservation. However, reliability of agents, salesmen, companies and merchandise cannot be vouched for.

b. Canvassers, salesmen and collectors for civilian firms will not be permitted to interview members of this command on this reservation except by definite appointment.

c. Personal interviews between salesmen or agents and members of this command can be held only when the members of the command are off duty.

(1) For Officers Darnall General Hospital: Staff room in Administration Building.

(2) For Nurses: Chief Nurse's Office.

(3) For enlisted men: The Detachment Office.

(4) For patients on open wards: The Post Exchange.

d. Such advertising material as commercial firms may care to distribute to members of this command will be sent through the mail or delivered to the Adjutant and distribution effected from that office.

e. Salesmen, agents and collectors will not be permitted to solicit business, make collections, etc., in barracks.

f. All merchandise, insurance policies, etc., purchased by members of this command must be delivered to individuals through the mails, or to the persons concerned, at such time as the purchaser is off duty.

g. Newsboys authorized by the Adjutant to sell papers on the reservation, and salesmen from reputable hospital and drug supply houses, are excepted from the above provisions.

2. STEPS TO BE TAKEN TO EXCLUDE UNDESIRABLES. All military personnel at this Hospital are responsible and will take all necessary steps to exclude solicitors, vendors, peddlers, collectors and persons suspected of carrying liquor or narcotics, and other undesirables from the hospital reservation. Should such a person be noticed or should a visitor's conduct in any way be open to question, it will be reported to the Adjutant, the Provost Marshal or the Administrative Officer of the Day.

BY ORDER OF COLONEL CHAPPELL:

C. C. Odom,
Lieut. Colonel, M.C.,
EXECUTIVE OFFICER.

OFFICIAL:

Aloyous Martin,
1st. Lieut. Med. Adm. C.,
ADJUTANT.

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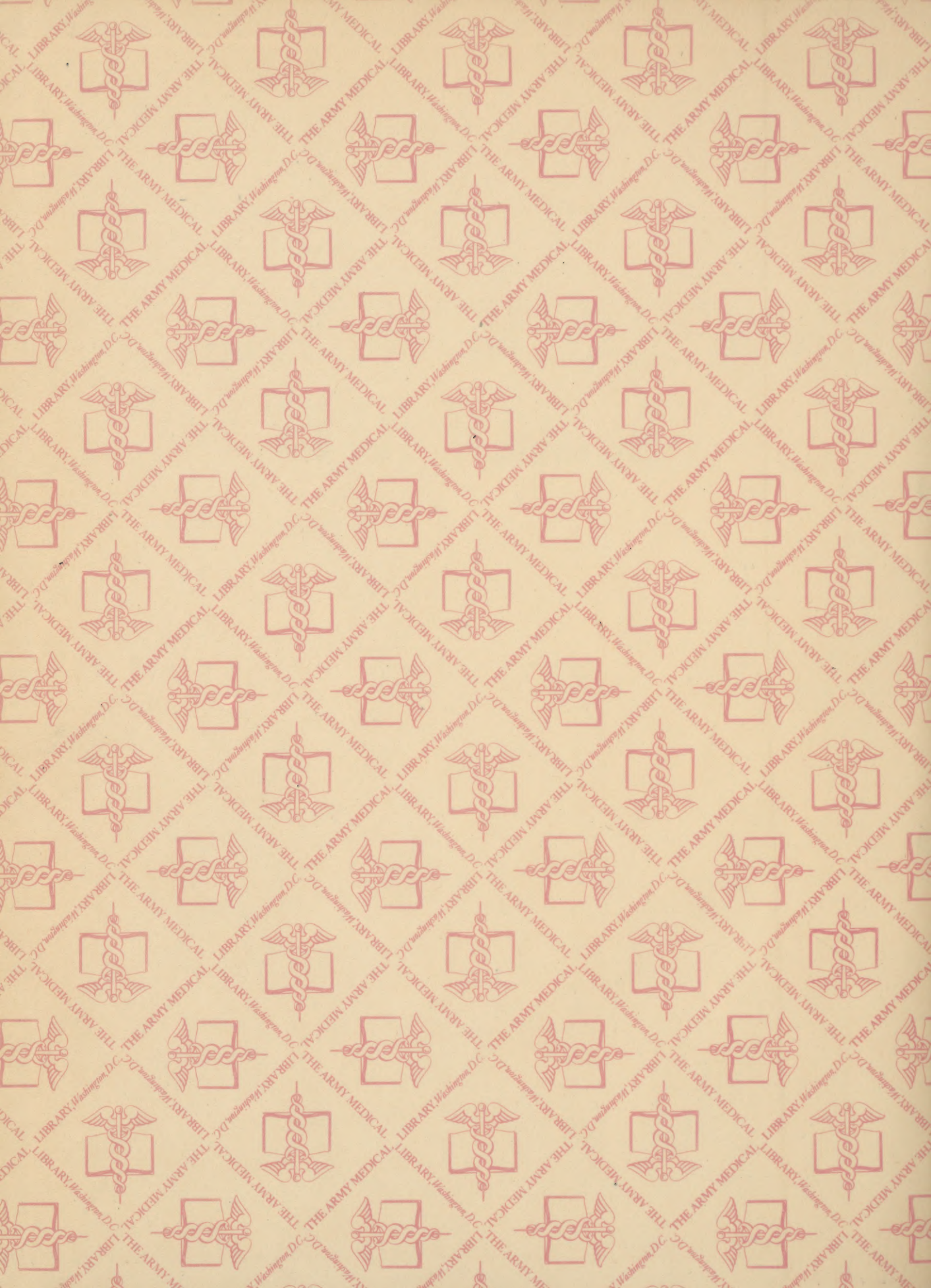


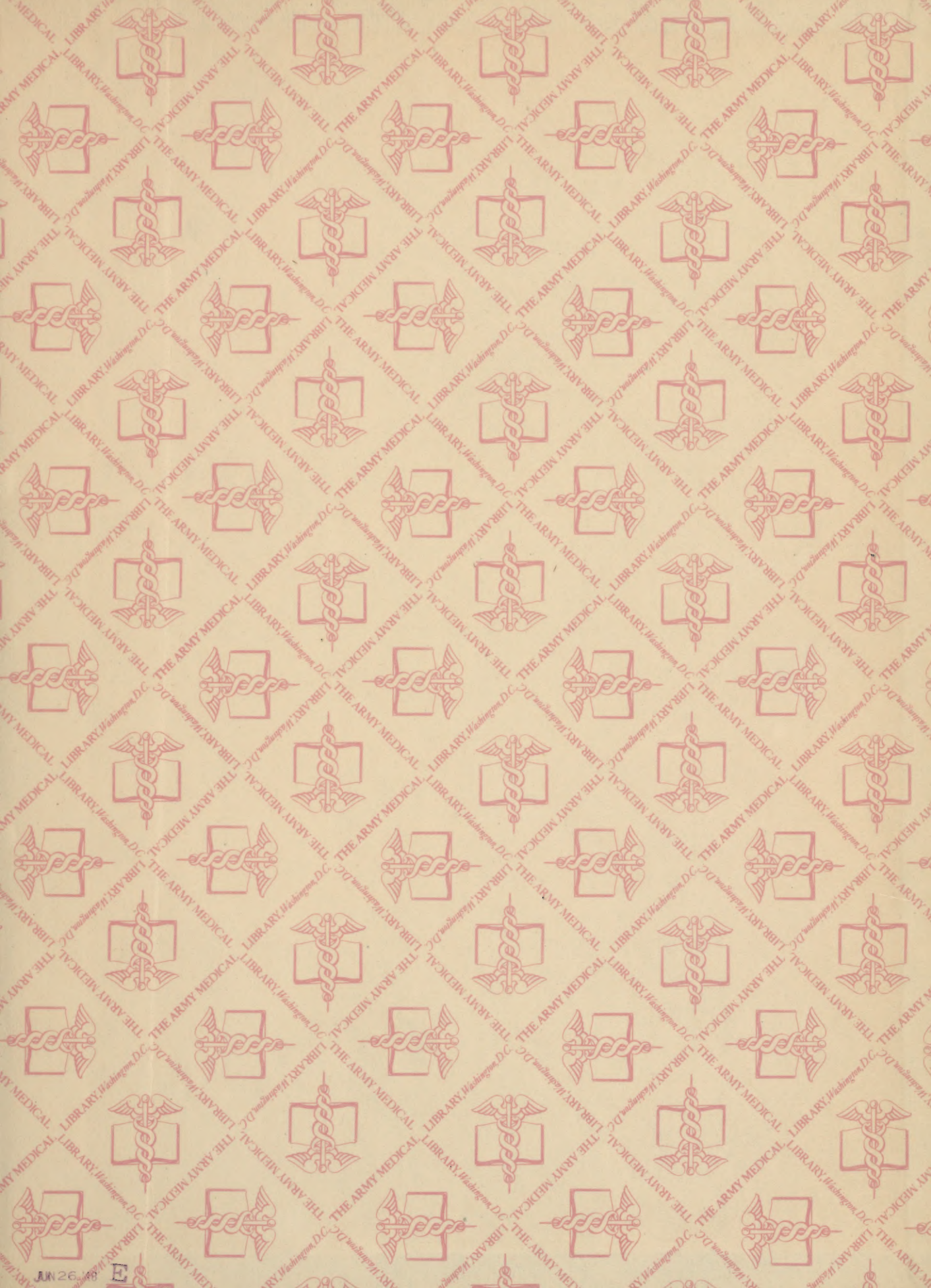
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